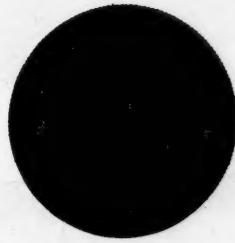


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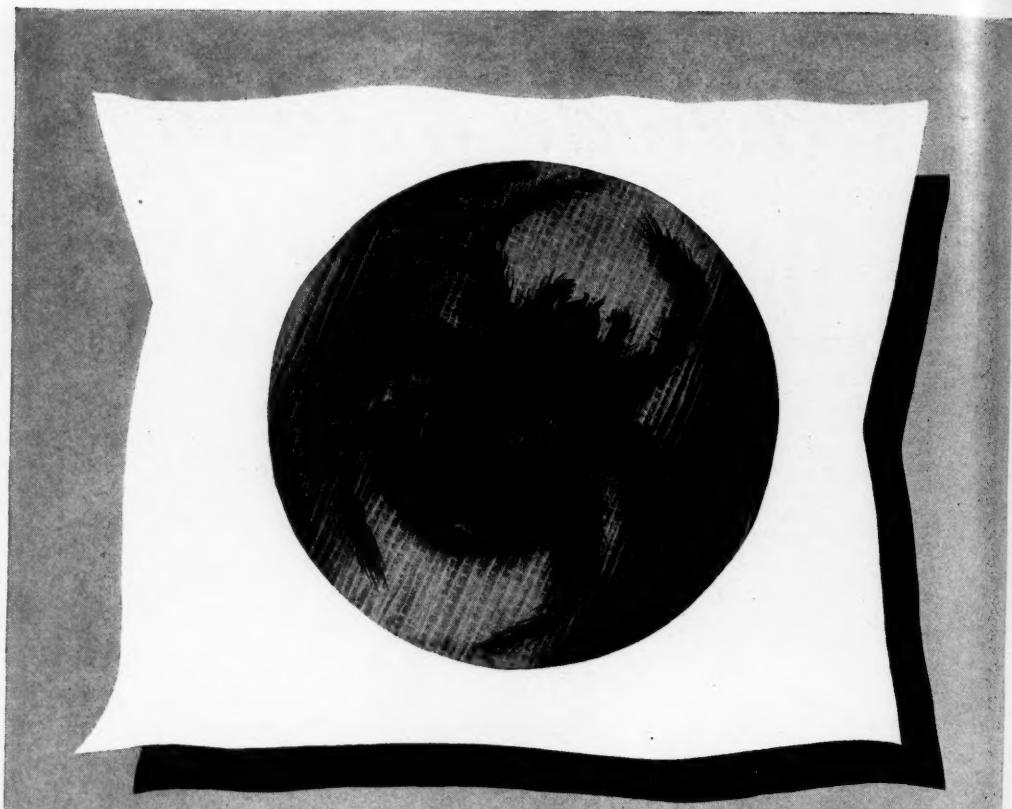


BUTLER HOSPITAL  
CENTENNIAL ISSUE

Volume XXVII, No. 8

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THE RHODE ISLAND MEDICAL SOCIETY  
THE RHODE ISLAND DENTAL SOCIETY  
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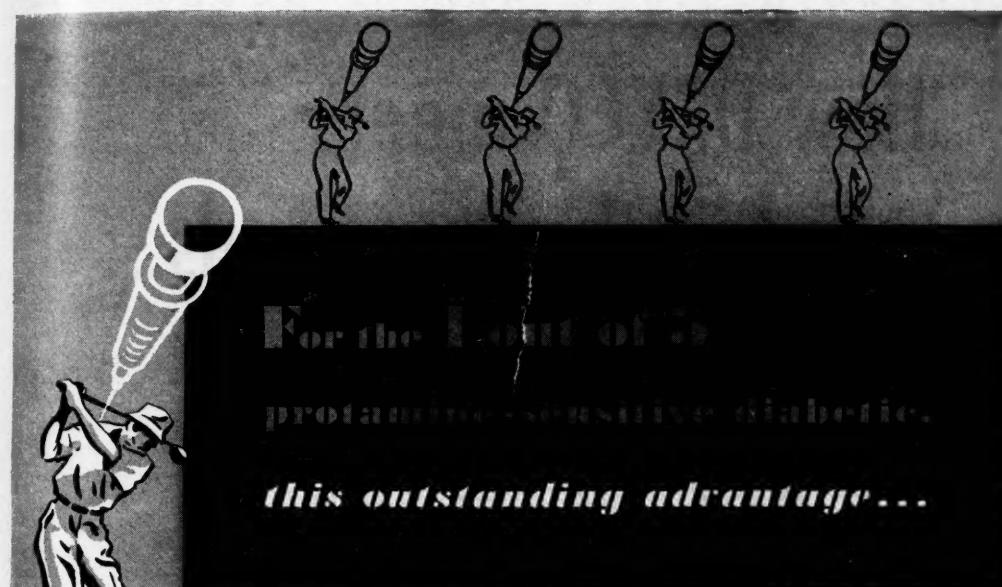
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\*Romeo, Z. J.: Sulfur and Soap as Effective Prophylaxis Against "Chiggers" (Red Bugs) in the Army, Mil. Surgeon, 90: 437-439 (April) 1942.



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(1) Page, R. C., and Bauman, L.: J.A.M.A. 124:704 (March 11) 1944. • (2) Bauman, L.: Bull. N. E. Med. Cen. V:17-21 (Feb.) 1943. • (3) Bauman, L.: Am. J. Med. Sc. 198:75 (Oct.) 1939, ibid. 200:299, 1940. • (4) Duncan, G. G.: Diseases of Metabolism, Phila., Saunders Co., 1942, p. 782.



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# The RHODE ISLAND MEDICAL JOURNAL

VOL. XXVII

AUGUST, 1944

No. 8

## BUTLER HOSPITAL CENTENNIAL CELEBRATION

May 10, 1944

*Opening remarks by WALTER A. EDWARDS,  
President of Butler Hospital*

THE BOARD OF TRUSTEES and the Superintendent of Butler Hospital welcome you to this celebration of its centennial. We deeply appreciate your attendance. Indeed, nothing could more appropriately commemorate the Hospital's past or be a happier augury of its future than the interest and the friendship which are evidenced by the presence of so many of you at a time when travelling is so uncomfortable, when there is so much to be done and there are so few to do it and when men await with impatience, with apprehension and with hope the arrival of one of the critical moments of history.

As we look back over the century of Butler Hospital's existence, we see that it has contributed to the steady progress which has been made in the treatment of mental disease and to the improvement of the layman's attitude toward mental disease. There is every reason to believe that in the next century it can contribute to still further advances in these respects. But for it to do so most effectively, adaptation to changed conditions and some redefinition of function will undoubtedly be necessary. Upon its establishment Butler Hospital was the only institution in the state which cared for the mentally ill. To-day its work is only part of a broad and developing program. At the present time government has occupied a large portion of the field which was formerly occupied exclusively by private charity. When these changes, and other changes, are taken into account, it is apparent that a private endowed hospital, like Butler Hospital, will face in the next century the problem of adapting itself to those changes. I hope that, in facing this problem, those charged with the Hospital's administration may think clearly and may not be deterred from action by a failure to realize that change is not something to be deplored and that without the challenge of new conditions man would perish from the decay of inertia.

In the last century Butler Hospital has been fortunate in more than one instance in receiving the devoted service of members of successive genera-

tions of a family. One such instance has been unique. In that instance a father, his son, his grandson and his great grandson have all been benefactors of the Hospital. Its establishment was made possible by a bequest from Nicholas Brown. His son, John Carter Brown, served as one of its trustees for twenty-three years and then as its president for seven years. His grandson, John Nicholas Brown, served as one of its trustees for sixteen years until his untimely death. His great grandson, John Nicholas Brown, is now an active and respected member of its Board of Trustees. It is peculiarly fitting that he should be the chairman of the committee on the celebration of the Hospital's centennial. To him I now turn over the conduct of this meeting—Mr. John Nicholas Brown.

*Remarks by JOHN NICHOLAS BROWN, Chairman,  
Butler Hospital Centennial Celebration  
Committee*

IT IS with a peculiar emotion that I stand before you today in the capacity of Chairman of the Committee on Arrangements for the One Hundredth Birthday of the oldest hospital of any kind in the State of Rhode Island, and I do so fully cognizant of the fact that, although one hundred years old this year, Butler Hospital is at least one hundred years young in its attitude towards the future.

In 1844 Cyrus Butler, whose name this Institution bears, made possible the erection and creation of this Institution by the gift of \$40,000 with the following provisions: that another \$40,000 should be collected from the community and that that \$80,000 should be added to the bequest of Nicholas Brown. Apparently the words of Nicholas Brown's Will (which I will quote to you in a moment) struck such a sympathetic chord in the heart of Mr. Butler that he was led to make the gift, which in fact has made this great Institution possible.

You will remember, perhaps, that my great-grandfather stated in his Will that he would leave his bequest "for that unhappy portion of our fellow beings who are by the visitation of Providence deprived of their reason, so that they may find a safe retreat, and be provided with whatever may be

*continued on next page*

conducive to their comfort and to their restoration to a sound state of mind", and that statesman-like phrasing of the purposes of the Hospital, I believe, has been the lodestar guiding the whole development of this Hospital for the first one hundred years. As I review that one hundred year period, the termination of which we are celebrating today, it strikes me very forcibly, as I am sure it will you when you come to read in detail the history of the Institution, that there is one outstanding fact about Butler Hospital and that is the fact that probably no charitable institution elsewhere has ever been created with any more foresight and planning than this Hospital.

Let me recall to your mind that the Trustees, as soon as they had received the necessary sum of money, went to limitless pains first to find the proper superintendent, which they did in the person of Dr. Isaac Ray, then Superintendent of the State of Maine Asylum; and secondly, for the proper physical planning of the architectural membering of this Institution. You will remember that Dr. Luther V. Bell, then the Superintendent at McLean Hospital in Massachusetts, part of the Massachusetts General Hospital, was sent abroad and actually toured the countries of Europe for the purpose of studying the very latest in the plans for the creation of mental hospitals, and those plans which Dr. Bell brought back and which he supervised in the actual drawings, were finally published in an article in a magazine.

Amongst other things I shall mention two points stressed by Dr. Bell. The first was a radical departure for those days—the segregation of the patients into what Dr. Bell called communities, and hence we have in this Hospital, as those of you who have been through it will recognize, these wings, or wards, where there are corridors off of which come the actual rooms of the patients themselves.

Secondly, Dr. Bell emphasized, and the Trustees have always carried the idea on, the necessity for a hospital to have adequate fire protection. The original plans called for cisterns to be installed in the attic story over the different "communities" so that wash rooms could be supplied with water and also so that there would be ample fire protection. Through the first one hundred years the Trustees have seen to it that adequate fire protection be provided by means of adequate cisterns, pumps, and more recently by connection with the mains of the water system of the city. In that regard Dr. Bell emphasized and the Trustees accepted the necessity of having the buildings divided with proper fire partitions of brick, not only against those patients who were in a disturbed condition, but also against future fire hazard. So we emphasize at this time very briefly, that one point, that this Institution has always had in a peculiar degree,

a planning, looking forward, forecasting of the future. That has been brought up to within a relatively short time by the creation by the Board of Trustees in 1941 of a committee called the Ways and Means Committee, which had Mr. Edwards as its Chairman, with Mr. Hartwell and the late Mr. Royal C. Taft as other members. Their report which looked into the full scope of the purposes and means of a mental hospital such as Butler Hospital was deemed so valuable by the Trustees that it was put into printed form and will for many years to come be a guide to those of us Trustees on whom rests the responsibility for the physical development of this great Institution.

I am particularly happy that Butler Hospital is able to avail itself of the peculiarly adequate faculties of the Chairman of the Ways and Means Committee, Mr. Walter A. Edwards, who is now the President of the Board of Trustees as Butler Hospital enters into the second century.

The foresight and planning of the Trustees does not exhaust, by any means, the planning which is an integral part of this Institution. From the very start the men in charge of the work of the Institution on the medical side—that is, the care of the patients themselves—have always been of very high and splendid character. From the days of Dr. Ray, our first Superintendent, we have always been the beneficiary of a series of superintendents in Butler Hospital who rank with their peers in the whole psychiatric and medical profession. I know that all of you agree that this long and distinguished line of doctors actually in charge of the work of the Hospital is crowned, as it were, by the presence in our midst since 1922 as Superintendent, and before 1922 on the staff, of our beloved Doctor Arthur H. Ruggles. There is no one anywhere, I am sure (and I speak without fear of contradiction) who has endeared himself, not only to the profession and to the country at large, but also especially to the community in which he has lived and served, than this great apostle of mental stability and health. We all stand today in affectionate regard of Dr. Ruggles at a time of happy celebration of an event which has been confidently looked forward to for a hundred years.

The Committee on Arrangements has had a peculiarly happy task in the preparation and the printing of a Volume entitled "A Century of Butler Hospital." This volume is a permanent memoriam, in this year of War, of a remarkable history and stewardship. At this time I want to thank the three contributors to this volume: Mr. William Greene Roelker, Director of the Rhode Island Historical Society who has written the larger part, entitled "A Layman's History"; and the other two whose splendid articles will challenge your interest, Dr. Gregory Zilboorg, and Dr. Ruggles himself.

## THE CONTRIBUTION OF PSYCHIATRY TO DEMOCRATIC MORALE\*

EDWARD A. STRECKER, M.D.

*The Author. Edward A. Strecker, M.D., of Philadelphia, Pa. President, American Psychiatric Association; Professor of Psychiatry, University of Pennsylvania Medical School; Consultant to the Surgeons General of the Navy and of the Air Forces.*

**I**N order to obtain a proper perspective on "The Contribution of Psychiatry to Democratic Morale" it should be remembered that in an area of the world much larger than these United States, exercises such as are being held by Butler Hospital today would not be permitted. If we met together and expressed our democratic opinions, we would have been consigned to concentration camps and no doubt, some of us would be standing at the receiving end of a firing squad.

During the early part of the first 100 years of the life of this hospice of healing and institution of culture, the chapters of Psychiatry's humanitarian era were still being written. The shameful pages of inhumanity to the mentally sick were still sad with human suffering and wet with human blood. Today we celebrate a century marked by many milestones of scientific and humanitarian psychiatric progress. It is highly fitting that we should mark these ten decades of psychiatric achievement at Butler Hospital which has contributed so signally to its attainment.

Long since, Psychiatry has abandoned its formulae of violence—its cells, its chains, its leg locks, its keepers and its whips once freely and cruelly used under the rationalizing cloak of the necessity of keeping patients from being unruly. Soon it was recognized that violence engenders violence and if kindly treated, mental patients would generally become responsive and well-behaved. The change was not too easily accomplished. There were very articulate objections and the warning was solemnly given that the patients would get out of control and probably take possession of the institution, no doubt locking the Superintendent and his Staff in the cells. Today, the use of the ancient instruments of Psychiatry—its weapons in the daily battles with mental patients—would be as archaic as would be transportation by the canvas covered wagons

of prairie days or, more to the point, as bestial and archaic as is war.

Here is the first contribution of Psychiatry to democratic civilization. Technical genius may be employed as readily to fashion lethal and wantonly destructive machines as for constructive and culturally enhancing purposes. We must learn for all time, that the culturally outmoded formulas of war will no more succeed in solving global human problems than did the chains and whips of Psychiatry cure the ills of its patients. If we persist in our violence, then one day human civilization and its cultures will be dashed over the precipice into the abyss of barbarism. Twice during the short span of a quarter of a century we have been seriously close to the brink of the precipice.

### *Significance of Social Treatment*

In the wards of this hospital as in every good mental hospital there is being carried out every day the successful operation of the practical workings of democracy. There are many criteria of mental disease, but the universal criterion is social. If anyone of us grossly over-estimates so-called personal rights and flagrantly disregards either in active or passive behavior the rights of others, then it is altogether likely that he will become a patient in a mental hospital. Here, irrespective of chemical, electrical or psychotherapeutic therapy, the social treatment is significant. The patient will progress from the disturbed section of the hospital where there is practically no recognition of each other's rights by the patients to the quieter and convalescent areas, only as he regains appreciation and regard for the rights of others. Recovery and re-instatement in his particular social niche is tantamount to a re-learning of the capacity of ceding in behavior, fallacious personal "rights" to other human beings.

Here is a lesson for democratic civilization and morale. I think it is not too much to say it is in a better delineation of this mutually held territory and in a wiser definition of the "me and thou" relationship that the survival of our democracy depends. After all, there are only a few valid personal rights. The right to protect one's life and property; the right to worship God according to the dictates of one's conscience; the right to think indepen-

*continued on next page*

\*An address delivered at the Centenary Celebration at Butler Hospital, Providence, R. I., on May 10, 1944.

dently but not always to translate thought into behavior. If we wish our democratic society to survive we must take into our hearts the lessons that mental patients are taught in this hospital. We must be less aggressive and vociferous about insisting on our "rights"; more quietly in earnest about fulfilling our duties.

Perhaps the platform of psychiatric democracy may be taken as a vantage point of departure for the inculcation of better human understanding into the personalities of human beings throughout the world. In the highest reaches of its practical aspects and aims and in its idealistic aspirations, it might be graphically pictured as a series of interlocking circles each including a segment of the others—and "I" or self circle; a family circle; a national circle, and finally, an international circle containing consideration for all fellow men regardless of distance, color or creed. If there could be such a democratic citadel in the hearts and souls of the majority of men then all the threats and wiles and promises of lustful dictators would never serve to storm its defenses and trap men into breaking an enduring peace.

Psychiatrists may justly lay claim to some understanding of the methods and dangers of isolationism. Every day we deal with an extremely proficient psychological isolationist—the schizophrenic. His symptoms are his defenses against the intrusion of reality and if needs be, he may bar intruders by feigning death in a catatonic stupor. Often the symptomatic defenses of the schizophrenic are so skillfully placed that not even the most carefully planned treatment attacks—chemical, electrical and psychological—are successful in storming the citadel of fantasy. Many of these prisoners of thought continue to live in their lands of unreality for twenty, thirty, and indeed, a lifetime of years.

I think there is some kinship between our psychological isolationist and the political isolationists. In spite of the almost annihilation of time and space by technical science so that peoples once remote are now unbelievably close, national isolationists seemingly believe it feasible to erect an encircling Chinese wall; hide behind it and live successfully by subscribing to a code which might be expressed as follows: "We won't bother with foreigners. We don't want anything to do with them. Let them mind their own business and we will mind ours."

It would seem to me that the honors are with the schizophrenic isolationist. After all, although his fantasies are real to him, still they lack substance. Unlike the wall of national isolationism, the fantasy protection of the schizophrenic cannot be breached by economic and ideological spearheads, nor can his mental territory be destroyed by bombs and shells. From its own experiences with psycho-

logical isolationism, Psychiatry is prepared to say to a democratic nation: Democracy cannot long survive in an atmosphere of rigidly restricted nationalism and if it blindly insists on such a course, it will result inevitably as in the case of the mental patient in inanition, apathy, destruction and spiritual death.

#### *The Threat Against National Morale*

Morale cannot be defined. It is too fluid and perhaps, too significant to be confined within a framework of words. It is much more than a man's chemistry which can be spread out on a small table—a few grains of various metals and salts. Morale is more than man as an amazing engineering mechanism, complete with a filing system which if not abused will function effectively for upwards of 70 years as his stowage and sewage plants. Human morale is more than can be revealed by even the most meticulous scrutiny of his mental functions—his memory or his emotions. Morale is much more than any of these things, since man is much more than the sum of his separate parts.

Great military leaders understood the significance of morale. Napoleon said that only one-fourth of victory depended on men and material; the remainder on the spirit of the soldiers. He knew that while an army marched to the objective on its bely, it took the objective by its morale.

In a democratic nation, morale is trust and faith, not in the numbers of population, the natural resources or the technical achievements, but in the national will and spirit, not only for the present situation but for the future. National morale is expressed as love for one's country; strong desire to live for it, and if needs be, to die for it.

Psychiatrists understand the need for morale in their patients. Unless the patient has the will to get well and return to his former life of reality, then no magic of chemical, electrical or psychological treatment will serve to gain a recovery.

What power is strong enough to be able to threaten and perhaps snatter national morale? It is evil and unscrupulous propaganda. Psychiatrists know enough about propaganda to take it very seriously. It is not a haphazard thing, but an accurate science whose results are predictable. Unscrupulous propaganda is as bold as the brass of Schickgruber who asserted that the bigger the lie the more successful the propaganda; as devious as the twisted mind of Herr Doctor Goebbeis. It has more than 30 techniques at its behest, but it likes best to spread rumor by word of mouth, frequently bought and paid for, although often enough it finds it can penetrate existing movements and organizations and distort them to its own evil purposes. Thus it seeks to alienate labor from capital; to produce dissatisfaction in the men who have been

*continued on page 405*

## PSYCHIATRIC PROBLEMS IN THE WAKE OF THE WAR\*

GREGORY ZILBOORG, M.D.

The Author. *Gregory Zilboorg, M.D., of New York. Psychiatrist; Medical Historian; Associate Editor, Centenary Volume, American Psychiatric Association.*

**W**E, mortals, are more keenly aware of the passing of time than we like to admit, and with eagerness and solemnity we seek to attach ourselves to the rapid stream of events so that our always present, albeit unconscious anticipation of our own passing may lose that pang of anxiety which we always feel when alone, unattached to the past, and strangers to the unknown future. We celebrate anniversaries, sesquicentennials, and centenaries; in doing so we become a part of that which has been achieved by others before us, and hope in the same manner to become a part of the future. This is the aspiration of the great and the little people, of the vain and the humble, of the believer and the unbeliever, of the mystic and the materialist, of the follower and the dissenter.

This aspiration is neither a disease nor a meritorious quality of man. It just is; it is man. The clinical psychiatrist may well say that it is an empirical fact, inalienable, fundamental. It is this fact that impressed itself upon the mind of such a scholar and materialist as the American sociologist Lester F. Ward, who once said: "Whatever other forms of immortality may be taught and believed in, the immortality of deeds is not an article of faith, but a demonstrated fact. The real immortality is the immortality of achievement. And after all it is personal immortality. This far it resembles Christian immortality, in that only a few attain it. Only the elect are saved. They only are immortal who have achieved. As in Christianity, too, immortality, which is salvation, may be aspired to by all, nay in some degree, it may be attained by all."<sup>1</sup>

To us of this generation, of the closing decade of the first half of the twentieth century, and particularly to us psychiatrists of this generation, this aspiration toward immortality must seem especially disquieting—not the aspiration itself, but the doubts as to probability of its fulfillment, or

of a moderately close or even remote approximation to it under the impact of the present world crisis. With pride and inspiration and yearning we may and can identify ourselves with many great events of our past. We celebrate the anniversaries of the Revolutionary War, the Fourteenth Amendment, the French Revolution, the birth of Copernicus, the publication of Vesalius' *De Fabrica*, the founding of the American Psychiatric Association—or the Centenary of Butler Hospital. We bring the achievements of our past within the frame of reference of our present; we add it all to our present in order to link ourselves to the future. Such a linkage is impossible without that forging intermediary which is the present. Fortunately and unfortunately, this our present, which we call euphemistically the world crisis, is a great catastrophe, which leads many to their deaths and demonstrates more man's ability to die gloriously than to live harmoniously with his fellow men. In the midst of such a catastrophe it is more difficult but also more imperative to think of the future. This future is the only link with our past, and it must be salvaged if the immortality of achievement is not to be desecrated.

*"Man is the Measure of All Things"*

I have said that this problem is of immeasurable concern to the psychiatrist of today. The psychiatrist has learned, particularly in the course of the past one hundred years, that man and only man is the measure of his achievements and failures, and that it is only through us human beings that the world, its problems, its woes as well as its felicities, reveal themselves, impose themselves, and demand solutions. It is the great Christian ideal of the value of each individual man that psychiatry, more than any other science or branch of medicine, has learned to appreciate on the basis of empirical, clinical, scientific data. The old postulate of the Greek philosopher, Heraclitus, that "Man is the measure of all things," has acquired a particularly poignant meaning in the light of modern psychiatry.

In a practical way this humanitarian ideal of the value and equality of man has been the ideal of medicine as a curative art since time immemorial. But it was left to and is the achievement of modern psychiatry to be able to present the empirical and

*continued on next page*

\*An address delivered at the Centenary Celebration at Butler Hospital, Providence, R. I., on May 10, 1944.

<sup>1</sup>Lester F. Ward, *Pure Sociology*. (New York, The Macmillan Company, 1914), p. 43.

pragmatic psychological demonstration of this age-long and deep-seated humanitarian ideal. This achievement of psychiatry, by its very nature, is both gratifying and disturbing. It is disturbing because the job of forming a proper linkage between our past, through the holocaust of the present catastrophe, and the near future, must be the concern of psychiatry—since it knows, or should know, so much more about man than the historian, or the economist, or the politician. This does not mean that the psychiatrist is the only one fit to shape the future of the world. On the contrary, the psychiatrist is perhaps less able to shape history than anyone else. He can only treat man, and history cannot be treated; it is shaped through but not by man's whim or individual intent. The task of the psychiatrist, like that of any medical man, is to save the earthly man; the more of this saving is done, the greater the humanitarian contribution to the poor history of mankind, which rightfully boasts of so many achievements but which has not yet learned how to avoid mutual and reciprocal slaughtering of man by man. The task of the psychiatrist is salvaging man for the community and from the misguided institutionalized impulses of the community, such as irrational punitive justice and revengeful attitudes toward those who are called—not without bigoted solemnity—transgressors of the law. The fulfillment of this task is the very substance of the humanized linkage between past and future psychiatry. The present war does not make the psychiatrist's task easier, but it does make it more imperative, more inevitable, more unavoidable.

I do not have in mind now the great number of the mentally ill, the neuroses and psychoses, the appearance of which is inevitable under the impact of shaking hands with death and walking back to life under its taunting shadow. This war will bring in its wake, as it has already, more individuals with compromised personalities, just as it will and does bring physically maimed and deformed. More hospitals will be founded, our present psychiatric skills will be sharpened and enhanced, more and new skills will be developed. Medicine, and psychiatry as a part of it, always thrives when it has more and new work to do, and the ways and means to do this work grow with the amount of the work itself.

From the days of Pinel and the Tukes to the present, psychiatry has grown on and with its problem. A little over fifty years ago, the psychiatrist—whose business was only "insanity"—knew really nothing about neuroses. Charcot became more aware of them than anyone before him, but he still knew not very much. In the course of years we learned to describe neuroses better than our predecessors had, and even to describe them well—as Braid and Janet did, for instance,—but we still

did not know much about whence they came and how to treat them. It was not Freud who discovered the nature of the neuroses, but it was the neuroses that brought about Freud. As the number of neuroses became greater and our psychological eyes less astigmatic, we not only learned to discover them but we developed a variety of efficacious techniques to deepen our understanding of them and to enhance our therapeutic influence. As a result we have numerous child guidance and psychiatric out-patient clinics which deal primarily with neuroses—organizations not heard of some twenty-five years ago.

In other words, psychiatry found the medicopsychological means to deal with the problem as it imposed itself upon us; and its words carried enough conviction to impress the community and force it to respond with a considerable degree of cooperation. Not enough cooperation, to be sure—but this cooperation will never be sufficient, since the therapeutic appetite of medicine is always greater than the conservative dispensations of the community. Psychiatry is always ahead of the community; this is perhaps the reason why the community always treats psychiatry with some derision and much skepticism and self-injurious caution. Psychiatry has always been and still seems to be in the position of a radical who wants a great deal from the community *for* the community, and whom the community—depending upon circumstances—treats as a dangerous interloper or a mere "crack-pot."

However it may be, as neuroses asserted themselves clinically in our civilization, psychiatry devised the means to meet the problems they represented. Today a great many psychiatrists know more about neuroses than about their eminent domain—the psychoses. From the scientific point of view it is a regrettable fact that the psychiatrist tends to neglect the knowledge of psychoses. But from the standpoint of historical necessity it is an instructive and perhaps even welcome fact. The last and particularly this war find psychiatry in the forefront, and the point of greatest concentration of our psychiatric concern and therapeutic endeavor is the neuroses.

We may therefore expect with confidence that the purely clinical and administrative psychiatric problems which this war will leave in its wake will be duly met by psychiatry. These problems probably will not be the most difficult which our specialty will be called upon to face.

There are other problems, less obvious although already conspicuous, which psychiatry may well approach with some anxiety—with less confidence, at any rate. To appreciate these problems we must turn our attention for a moment to a region which at first glance lies beyond the purely clinical field.

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## THE WAR AGAINST FEAR AND HATE\*

KARL A. MENNINGER, M.D.

The Author. *Karl A. Menninger, M.D., of Topeka, Kansas. Chief of Staff, The Menninger Clinic.*

**W**HILE the greatest war in history is in progress, we are met together to celebrate the founding of a psychiatric hospital marking an epoch in what is really a much greater war, a much longer war, a war that has been going on for centuries.

In the early 1820's an undistinguished but energetic young woman by the name of Dorothea Dix established a private school in Boston. At that time the regular grammar schools of Boston were "dens of cruelty kept by tyrannical men who were proud of their different switches, rattans and raw-hides, and regarded them," said Edward Everett Hale, "as the only real instruments of education." Perceiving that need, Dorothea Dix established her school along different principles.

After fifteen years of it, when she was 34, she suffered an illness, gave up her school and went to England. Here she probably met Dr. Samuel Tuke, the son of William Tuke, the Pinel of England, whose work of fifty years previously had gone without influence upon the people of the hospitals of the United States.

On a raw March Sunday in 1841, five years after the onset of her illness, the recovered Dorothea Dix visited the East Cambridge jail in Boston to teach a Sunday School class. Among the prisoners were some mentally ill persons. All were being treated with an equal degree of barbarous cruelty and neglect.

The perception by Miss Dix of the suffering of these unknown prisoners and patients in the East Cambridge jail led to a declaration of war against fear and hate and human cruelty that culminated in the present day institutional psychiatry of America, of which we now have reason, I believe, to be proud.

In the course of her investigations of existing conditions, Dorothea Dix came to Rhode Island in the spring and summer of 1843. There were at that time no provisions in this state for the care of the mentally ill, public or private. "Justices of the Peace continued to commit to the county jails

according to law, 'furiously mad persons dangerous to the peace and safety of the good people . . .' Less violent persons were confined at home, boarded out, or provided for in the local almshouse."

It was in Rhode Island that the celebrated case of Abraham Simmons was discovered. He was a psychotic patient confined in a stone-roofed, stone-floored cell, tethered to the stone floor by an ox-chain: "Sometimes he screams dreadfully and that is the reason we had the double walls and the two doors," explained the woman who had conducted Miss Dix to Simmons' cell. "His cries disturb us in the house. . . . My husband sometimes of a morning rakes out half a bushel of frost, and yet he never freezes!"

"How long has he been here?" inquired Miss Dix, according to her biographer, Helen Marshall.\*

"Oh, about three years," was the answer.

Simmons was by no means an unusual case but for some reason or other the inhuman conditions of his confinement made a particularly deep impression upon Miss Dix and upon responsible citizens of Rhode Island to whose attention she called them. Among these was Nicholas Brown, who had bequeathed \$30,000 to be used toward the erection or endowment of a retreat as had been provided by an act of legislature. Brown died in 1843 and the Rhode Island General Assembly issued a charter for such a retreat in January, 1844. The same year Cyrus Butler gave \$40,000 on condition that an equal sum be subscribed.

Miss Dix prepared an article . . . for the *Providence Journal*, and then went to Newport where the legislature was sitting. When members of the legislature called to talk with her about the proposed hospital, she pressed the Simmons case and told them how the town had promised ten months before to move him to a hospital but had taken no further action. She had come to Newport, she said, to secure his removal; she could not take him away without the consent of the town but the legislature might intervene.

"Mr. Updike, one of the legislators, was greatly moved and declared that the assembly should inter-

\*Marshall, Helen E.: *Dorothea Dix. Forgotten Samaritan.* Chapel Hill, University of North Carolina Press, 1937. This is the source of the data here given regarding Miss Dix.

*continued on next page*

\*An address delivered at the Centenary Celebration at Butler Hospital, Providence, R. I., on May 10, 1944.

pose at once. He went to the house of representatives and made a speech that roused everyone. A member from Little Compton then arose and announced the death of Simmons. There was an awkward pause—mercy had come too late. Finally another member arose. There were other insane paupers in Rhode Island; he moved that a committee be appointed to investigate their condition. The motion carried...

"Miss Dix's next visit to Rhode Island saw the hospital fund oversubscribed."

#### *The Great War of Our Times*

You know the rest. These grounds were then selected, these buildings planned, these walls constructed, these rooms equipped. A competent staff was enlisted. Miss Dix had won a battle, and she had just begun. The war was to go on against fear and hate and prejudice and bigotry and selfishness and meanness and the dangerous lusts. By lusts I do not mean the yearnings associated with sex, which civilization has whipped and shackled into comparative innocuousness; I mean the lust for power, the lust for accumulation, and the lust for cruelty. It is these lusts which make men sick and which bring suffering and sorrow and disability. It is the war against them that constitutes the great war of our times, if we could only know it, not the bloody conflict of flesh and metal that our daily papers record in the headlines each morning. The war I am thinking of is fought by guerrillas and underground patriots, in unspectacular actions, in secluded places—like this. Like the war abroad, this silent war at home has its tragedies, its screams, its bloodshed and its sorrow. But instead of great daily headlines for all to see, there are only occasional modest reports in stodgy medical journals; instead of thousands of tons of explosives, there are only many quiet hours of counsel and comfort; instead of campaigns of destruction, there are campaigns of planned rehabilitation; instead of billions of tax money, there are only a few thousand from private and state benevolence.

Right here where we stand and sit, within these walls, hour upon hour, day after day, the battles of this war have been fought, and are being fought. Commanded by a wise, far visioned general,\* who sits beside me here on the rostrum, and by his illustrious predecessors\*\* listed on your programs, company after company of soldiers have taken their posts. Volunteers, replacements, technicians, executives, Grey Ladies, White Ladies—they are all here—just as in that other army. Spurred by their example of devotion, service, and scientific idealism, other companies have been organized, and new battalions formed in units reaching now from

\*Dr. Arthur H. Ruggles.

\*\*Dr. Isaac Ray, Dr. G. Alder Blumer and others.

Providence in the Northeast to San Diego in the Southwest and from Seattle to the Keys. But the name of Butler Hospital, one of the first fighting units in the great war against fear and hate, remains in the front ranks.

If I have seemed to carry this figure of speech too far, I would like to speak directly to the point of proving that it is not a metaphor or simile, but a truth, a statement of fact. For after all, what is it that we do, we psychiatrists and our aides, in the cooperative group attack on mental illness represented by the modern psychiatric hospital? It is no longer—as in the times of Dorothea Dix—a matter of providing humane and decent living quarters, food and asylum from the curious and often cruel world, for a few hundred or a few thousand sufferers. All that is taken for granted today, thanks to Miss Dix, Clifford Beers and others. In those days that was about all that one *could* do for the victims of these mysterious afflictions of the spirit. "What is it to be mad, but to be simply mad?" expressed what was then the universal consensus.

Today we know that to be mad is not simply to be mad. It may be to be overwhelmed with toxins, or to be invaded by micro-organisms or to be subject to adventitious growths or perversions of glandular tissue. Or it may be to rebel against the injustices and inequalities of fate, or against the dishonesty and hostility of fellow workers or against the mistaken zeal or prejudice or misunderstanding of friends and family. Whatever its origin, madness can be and must be combated, and often it is best combated by the joint efforts of psychiatrists, nurses, physicians, therapists, and others that make a HOSPITAL.

Our conceptions of the nature of mental illness have run the gamut from the "brain-spot" hypothesis to the "mind-twist" hypothesis\* and back again; today we are inclined to discard both in favor of conception that mind and brain and body and soul are inseparable, that disease is not the affliction of an organ alone, and mental disease not an affection of the brain alone, but that the total organism, the individual as a whole is integrated with a physical and social environment and can only be so considered, either in sickness or in health.

Thus *adjustment* becomes the keynote word of modern psychiatry, and failures in adjustment its chief province. This does not require that we discard what we have so painfully acquired in regard to anatomy and bacteriology and immunity and pathology and arsphenamine and penicillin and hydrotherapy and psychoanalysis. On the contrary, it requires that we use all this knowledge, all these approaches, all these methods—and at the same

\*Terms suggested by Ernest E. Southard.

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## THE FUTURE OF THE VOLUNTARY HOSPITAL\*

ALAN GREGG, M.D.

The Author. *Alan Gregg, M.D., of New York City. Director, Division of Medical Sciences, Rockefeller Foundation.*

THE invitation to speak to you this evening on the future of the voluntary hospital has called for an effort which is more than compensated by the pleasure of being your guest and by the satisfaction of being a witness of your work. No institution for the care of mental ills can be maintained for a hundred years of uninterrupted service without deserving more heartfelt praise than could ever find utterance in any eulogy, nor could any structure on these grounds contain all the persons to whom such gratitude should be uttered. There are thousands living and tens of thousands no longer alive whose hands and hearts have contributed to the steadfast success of this hospital. Before the unreckoned total of so much work, so much care, so much loyalty to the ideal of charity we might well bow our heads in solemn gratitude and humble pride.

Since justice could hardly be rendered to the accomplishment you celebrate today, and since my assignment by its very title looks to the future of an institution rather than to the imposing record of its past and present supporters I shall turn to a subject of general yet immediate concern: the future of the voluntary hospital. At the very outset I shall assume that you have such familiarity and experience with the nature and function of at least one voluntary hospital as is suggested by your several and variant offices in this hospital and your interest in it. No time need be spent in belaboring you with facts you already know. Rather than do that I shall venture to offer you a new way to think about the hospital as an institution—a way which may cast some light upon its future.

If at first this way of thinking seems somewhat abstract or expressed in terms apparently intangible and vague, have patience and do not prejudge the structure of the idea until my necessary scaffolding can be removed. I shall first describe a way of thinking and then I shall apply it to the future of the voluntary hospital.

\*An address delivered at the Centenary Celebration at Butler Hospital, Providence, R. I., on May 10, 1944.

My thesis is this: in thinking about any organization or organism we pass through three stages of understanding—first we grasp its form, second we come to understand its function, and finally we comprehend its relationships to everything else. If we may expand this statement we could say first we study something in terms of its form, composition, arrangement of parts. When those are familiar we are ready to study its function, how it works, what it does. And lastly with such form and function what relationships does it have to the rest of living, what values does it possess, what meaning or significance does it hold? Let me offer examples of these three aspects of knowledge.

In medicine the student begins with anatomy, the structure, composition and arrangement of the body. Then he comes to physiology, the functions of the living body; functions both normal and impaired, for the knowledge of disease comes best in terms of the impairment of function. Lastly the student, when he is well taught, is led to study the relationships a human being must bear to his fellows, to the external physical world, and to the world within. If it be not too large a digression let me observe in passing that psychiatry deals especially with just such relationships—the relations a human being has with other human beings, the world of reality and of the spirit.

Or let us consider this tripartite formula of form, function and meaning, as applied to the study of the automobile. We begin with the design, the arrangement, the composition of its parts. Wider understanding comes when we see how they work: indeed delight and mastery reward anyone who knows how an automobile runs—and what is needed to make it run. But the fullest knowledge of the subject comes to him who also comprehends the impact of the automobile on modern life—on social intercourse, on the practice of medicine, on rural life, on interstate commerce, on the administration of justice, on vacation spots, on other forms of travel such as the horse, on mechanized warfare, etc.

One more example: the art of printing. Almost exactly five hundred years have passed since Gutenberg produced the first printing in Western Europe. Compared with the previous methods of producing written language it was a tremendous

*continued on next page*

invention. Functionally its significance lay in providing exactly similar copies in great numbers at very low cost. And if we think of the relationships of this invention to the rest of living, i.e. the value meaning and significance of printing we can experience the emotion of wonder in almost pure form in the face of all that printing has meant to the spread and to the storage of fact and opinion and the imaginings of man. It has reached millions and over centuries of time. New forms of human association and government have been made possible by printing: it has furnished an incalculable aid to education and enlightenment.

Now this formula for thinking about organisms, machines, inventions or organizations in terms of form, function and outside relationships you can use tomorrow on any of your own affairs, organizations, or machines, and if you do so with any thoroughness I predict that you will arrive at some interesting conclusions.

In the first place you would conclude that as a rule most people devote more attention to form and function than to value, significance or relationships. For a hundred men who know what a carburetor is and what it does, only one knows that the automobile, in eliminating stables in large cities and thus the infinite profusion of flies in the houses of the poor, has greatly reduced the urban infant mortality due to infections spread by flies. Though knowledge of form and function is essential, comprehension of outside relationships is rare and deserving of more study than it receives.

Next, if you use this way of thinking about things, you will find that you cannot change the form without having a resulting change of function and somewhere a change in relationships and significance. Indeed no one of the three can change or be changed without corresponding and resultant change in the other two. This is a singularly important fact. It explains why institutions must change to meet changes in their environment—their outside relations—if they are to keep significant. It explains why new buildings or new forms of organization work in new ways and acquire new significances.

And lastly you will see that any organization or organism is always exposed to threats and competition from new forms, new functions or new values coming from other quarters than itself. Streptococcus infection threatens certain tissues of the body. Flying at 35,000 feet, or taking on a great deal of alcohol impairs certain functions of the nervous system. Passionate devotion to irrational standards of self-esteem destroys satisfactory social relationships. Structural changes in machines change their performance potentials, and fast driving implies a change in the social status of the

drivers in the eyes of the law as well as verifiable changes in the anatomy of the car.

#### *Form, Function, and Meaning of Voluntary Hospital*

I think we may now turn our formula to account in the task of examining the future of an institution—the voluntary hospital.

In form the voluntary hospital as we have known it in America during the past hundred years has shown these characteristics: it was initiated by individuals and supported by private donations of time and money and its policy and programs of work were determined by private citizens in collaborative effort for the public welfare. Frequently, but not always, the interest derived from a church or group of churches. Usually the support came from local or at most regional sources. Virtually without exception the management of the hospital was free from political control and usually independent of any income derived from taxation.

In function the voluntary hospital has furnished the best example of leadership in medical care and exemplary administration in the development of the American hospitals. Though cases could be cited of voluntary hospitals being narrowly denominational in point of their management I have never heard of any sectarian or religious lines being drawn to the exclusion of patients on the basis of religious faith. And on the whole it is probably accurate to say that the trend is away from narrow denominational control even in voluntary hospitals whose name and histories record denominational origins. The growth of hospital management reflects the intelligent practical interest of businessmen on the boards of trustees even more than the increasing piety of subscribers and supporters. If any unfavorable criticism can sensibly be made of the functions of the voluntary hospital today it would be that each voluntary hospital considers itself a law unto itself and in no way bound to collaborate with other agencies for medical care whether private or public. Such deliberate disregard of the environment produces isolated and rueful absurdities at times, and impatience even in the persons of a judicial temperament.

If then the form of the voluntary hospital has exemplified cooperating benevolence independent of government and political control, and the function has been that of providing leadership and quality, what may be said of the meaning and value of the voluntary hospital?

The voluntary hospital, more than any other place where medical care has been given, has set the standards for medical practice of every kind. The voluntary hospital has contributed to the advancement of clinical medicine. It has taught the physician, by nature none too tolerant of criticism

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## BUTLER HOSPITAL

IN January, 1844, a charter was granted by the General Assembly to the Rhode Island Asylum for the Insane. On November 8, 1844, the corporators, a group of earnest, public-spirited men, met in the Providence City Council Chamber and passed a resolution offered by Professor Goddard and seconded by President Wayland, of Brown University, that "hereafter said Corporation shall be known and called by the name of the 'Butler Hospital for the Insane.'" Thus was opened the first chapter in the history of Butler Hospital, the first in the State, which recently celebrated the centenary of its foundation and to which the editors have the honor of dedicating this issue of the Rhode Island Medical Journal.

Nicholas Brown and Cyrus Butler, wealthy merchants of Providence, men as clear of brain as they were warm of heart, by their munificence, made possible the building of the hospital. Mr. Nicholas Brown had made a codicil to his will directing his executors to pay the sum of \$30,000 towards the establishment of a hospital "where that unlucky portion of our fellow-beings, who are by the visitation of Providence deprived of their reason, may find a safe retreat and be provided with whatever may be conducive to their comfort and to their restoration to a sound state of mind", provided it was founded "on a firm and permanent basis."

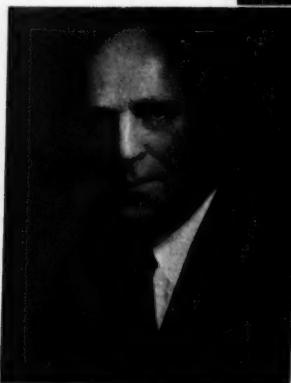
At about the same time, Mr. Cyrus Butler, whose feelings were enlisted in the movement, determined to further the establishment of such an institution, provided it could be carried out according to the enlarged and correct views of his late friend, Mr. Nicholas Brown, and on a plan suited to the wants of the State and equal, at all events, to any in the country. For this purpose, he offered to donate \$40,000, provided the executors of Nicholas Brown agreed to pay the bequest of \$30,000 and that the further sum of \$40,000 was raised from other sources, making a total of \$110,000. It is important to relate these facts, because they render untenable two myths concerning the foundation of Butler Hospital.

One myth has it that the famous humanitarian, Dorothea Lynde Dix, bearded the close-fisted Cyrus Butler in his parlor and persuaded him to give \$40,000 "toward the enlargement of the insane hospital in this city." The other myth perpetuates the impression that Butler Hospital was founded by rich men only. Both of these myths are without any foundation in fact and it is not the least of Mr. William G. Roelker's recent services to true history that he has disposed of them completely.

The philanthropy and the natural generosity of Cyrus Butler required no persuading; and the available records show that not rich men only, but also several hundred poor men—a gardener, a grocer, a machinist, a none-too-well-paid college

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## A CENTURY OF PROGRESS

*Rhode Island's First Hospital . . . Butler Hospital, 1844-1944*THE ORIGINAL BUILDINGS — *From an old engraving*ISAAC RAY, M.D.  
*First Superintendent*ARTHUR H. RUGGLES, M.D.  
*The sixth and present  
Superintendent*

THE HOSPITAL TODAY

professor, a jeweler, a barber and many others of modest means contributed small amounts of money to the subscription list of the proposed hospital. And so, at its birth, one hundred years ago, as even today in its serene maturity, Butler Hospital enjoyed the good-will of the whole community.

If one were to describe in a sentence the abiding spirit and savor of this true *hospitium*—this guest-house for the mentally ill, he could find none more suited to his purpose than that which is inscribed on the seal of the hospital, *MISERIS SUC- CURRERE DISCE*. How effectively Butler Hospital has learned to succor the unfortunate, her grateful patients have testified gladly these hundred years. And, perhaps, it may be of interest to record that among the most loyal friends of the hospital are many who were patients there.

As William Osler fashioned the Johns Hopkins Hospital after his own image, so did Dr. Isaac Ray bequeath to Butler Hospital the principles and the practice of his enlightened medical philosophy. Dr. Ray was a remarkable man who for twenty-two years served as its first Superintendent and during this formative period created the psychiatric tradition which has characterized the hospital during its hundred years of service. For him psychiatry was never divorced from general medicine; he never made the mistake of bifurcating the living patient into a mind and a body, for as a realist he saw the essential *unity* of human personality and long ago, by his avoidance of the Cartesian dualism he thoroughly understood and practiced what today we call psycho-somatic medicine. He was an authority on medical jurisprudence; he wrote on mental hygiene before Clifford Beers was born; he taught the value and the necessity of psychological analysis; he was an enthusiastic protagonist of occupational therapy; he appreciated the importance of games, music, reading, and nature studies in the treatment of his patients and in general insisted upon the need of what he termed "moral management" in the therapy of the mentally ill. "The kind of moral management on which I have relied," he wrote, "is that now adopted in all modern hospitals for the insane. It consists in the regularity of the service, in the exclusion of whatever is calculated to annoy or excite, in skillful dealing with delusions and caprices, in the employment of the mind in work or recreation or reading, and in the exercise of kindness and forbearance on the part of all engaged in the service of the establishment. In other words, it consists essentially in placing the patient in a position where, with the greatest amount of favoring circumstances, and the least amount of let or hindrance, nature may be left to do her kindly work." Surely no one could conceive a more comprehensive psychiatric program than this; and from Dr. Ray to Dr. Ruggles it has motivated the activities of Butler Hospital.

Inspired by the spirit of charity, favored by the devoted services of successive Boards of Trustees, and equally favored by the broadly-based experience of her Superintendents and their associates, Butler Hospital has become a friendly family group wherein the ill have been succored by the well and the well have been rewarded with those satisfactions which derive from the performance of labor in the furtherance of a noble and ennobling cause. And if the past is an earnest of the future, then, indeed, the people of Rhode Island may rest assured that Butler Hospital will continue to render the splendid service made possible by Nicholas Brown and Cyrus Butler who ardently desired and hoped that, as Cyrus Butler expressed it, this new institution should be carried forward "on a plan suited to the wants of this State and equal at all events, to any in the country."

#### FOR OUTSTANDING COMMUNITY SERVICE

ARTHUR HILER RUGGLES has been among the foremost in pushing back the frontier of healing to include the once unknown territory of the human mind. In the last war he led the way in psychiatry with and for the soldiers at the front. So again today he is alert and resourceful in the face of history's most violent assault upon man's inner strength and peace.

In this, his 25th year as superintendent of Butler Hospital, he continues to keep the institution responsive to great opportunity. He has taught the layman that a mind unwell is no more shameful than an ailing body. He has fought for public appreciation of a ministry that must be private and has shown that there can be sympathy as well as skill in its direction.

Most of Dr. Ruggles' rewards must come in those quiet satisfactions which attend a physician's victory in bringing hope and consolation and return of health. But this accolade shall be in the light of day and in the fullness of our hearts.

*Text of Citation Presented with Second "Roger" Award of The Providence Journal Company July 9, 1944*

#### TUFTS DENTAL SCHOOL

Probably no dental college in the country has greater influence on a region than has the Tufts Dental School. For many years it has been the principal source of New England dentists and its training of them has been especially adapted to the particular problems of the northeast states.

With dental education moving forward to new high levels, and with new rulings by the American Dental Association and the various dental licensing boards of the states calling for obligatory hospital training, Tufts Dental School now turns to its

*continued on next page*

alumni for justified support of its plans for expansion and improvement. The immediate need is a new building to replace the fifty-year old structure whose usefulness does not encompass the facilities for the new demands on dentistry. Possession of a modern facility will also allow the development of refresher programs and post graduate courses for the alumni to an extent hitherto impossible.

A fund of \$300,000 is being raised to construct and endow a medical-dental building on a site adjacent to the New England Medical Center in order that new programs for efficient and effective training of dentists may be augmented through contractual relations with the hospitals. With the College unable to divert any of its funds, which are restricted to particular purposes, the appeal goes out at this time to all friends of dentistry, whether Tufts alumni or not, to contribute to this progress in dental education in New England which will directly aid the entire profession of this region.

#### PUBLIC POLL ON SURGICAL INSURANCE

This month the Rhode Island Medical Society makes a new progressive approach to the much discussed question of the distribution of the costs of medical care with a statewide poll that is undoubtedly unique in the history of American medicine. Departing from the procedure adopted in other sections of the country whereby plans have been developed and insurance contracts offered without definite evidence of a public demand, the Rhode Island Medical Society, through its Committee on Medical Economics, is placing the matter to the public directly, and on the basis of this referendum it will formulate future programs.

No mere sampling of the population will be attempted. On the contrary the Society will print and distribute, in cooperation with the Hospital Service Corporation of the State, approximately one hundred thousand questionnaire cards, thereby reaching approximately one-fourth of the entire population of Rhode Island. While some of the distribution will be by mail, the bulk of it will be done by the Blue Cross at the time it issues its Special News Bulletin to its membership in the established employments throughout the State.

Logically approaching the question of the expense of surgical operations as a major problem for all persons, the Society seeks in this initial poll to determine the interest in a voluntary surgical insurance plan under medical society supervision. Later, additional polls will be attempted to cover the entire question of the cost of medical care in the hospital, as well as in the doctor's office and the home.

While no attempt is made to establish premium rates should a surgical plan prove desirable, the poll indicates the possibility of rates comparable

to those of the Blue Cross for hospitalization, and, as with the Blue Cross, the benefits will be applied towards the total cost and will not necessarily encompass it.

The success of this study is a matter of conjecture. Certainly it is a realistic approach to a question that has created wide discussion and relatively little research. In taking the matter to the individual citizen for his opinion and advice the medical profession demonstrates anew its desire to do all in its power to assist in the distribution of the costs of unpredictable illnesses. If the public cooperates the Society should accumulate valuable statistics to guide it in sound planning for the Future.

#### BROWN AND MEDICAL EDUCATION

The action of Brown University in establishing a Department of Medical Sciences, described in the statement of Vice-President Adams which is published in this issue, represents a significant contribution to the renaissance in medical education which must develop in the early post-war period. Besides being a part of this great movement which must take place on a national scale, it will be a potent factor in filling a need in Rhode Island in particular, a need which has existed for many years of which the medical profession has been fully cognizant.

The high standards for acceptable hospitals, residencies and internships which have been established by the Council on Medical Education and Hospitals of the American Medical Association and the work of the examining boards for certification of specialists, have greatly aided in assuring to the public that the experts on whom they must rely for diagnosis and treatment are really experts. Such experts must be trained. In the hospitals of Rhode Island a wealth of clinical material is to be found, comparable with that in many of the best known medical centers in the world. What has been lacking has been adequate organization and facilities for instruction. The establishment of residencies, fellowships and other educational opportunities has been possible only to a very limited degree in the past because of this lack of organization and supervision as well as of facilities for work in the basic sciences underlying each special field. Now, with the establishment of the new department at Brown it is to be hoped that such organization and supervision will be provided. This will create opportunities for physicians, especially those returning from duty with the armed forces, to do the advanced work necessary in fulfilling the requirements of the specialty boards, thus qualifying themselves for practice as specialists. Furthermore this department should become a factor in aiding any physician to improve his training whether his practice be specialized or general. The Rhode Island Med-

ical Society is already in the process of exploring means to raise the level of education and therefore of practice throughout the state and this forward step taken by our oldest University should be a potent factor in bringing success to these endeavors.

### DOCTORS IN POLITICS

The term public servant has long been embraced by politicians as a title befitting their office, however well or ill they might fulfill their public duties. The doctor, outstanding in every community and always foremost in matters of public service, has strangely remained outside the pale of this title politically. For some reason never clearly explained he has avoided the spirited arena wherein the public is always an ailing patient, the prescription is always a new plank of promises, and the payment for diagnosis is made in votes.

With leadership vital to every endeavor, and at a time when the professions need stronger representation in the political life of our country, it is significant that Dr. Angelo M. Parente, an outstanding member of the Rhode Island State Dental Society, has accepted the call to enter the competition for the office of Mayor of the City of Providence. A native of this city, Dr. Parente has practiced his profession here since his graduation from Tufts College Dental School in 1921. He has served as a member of the State Board of Dental Examiners, and he holds membership in the American Dental Association in addition to his state society affiliation. His community service includes four years as a member of the Providence City Council, and two years as a member of the Board of Aldermen.

As a doctor and as a citizen Dr. Parente has con-



ANGELO M. PARENTE, D.M.D.  
Republican Nominee for Mayor of  
the City of Providence

tributed much to the civic improvement of his community. That he has been selected by his political party to carry its standard for the important post of Mayor is eloquent tribute of his ability. We express the hope that his willingness to sacrifice time from his professional work may inspire others of the medical and dental fraternity to seek public office in the years ahead.

### DEPARTMENT OF MEDICAL SCIENCES AT BROWN

*Statement from DR. JAMES P. ADAMS,  
Vice President of Brown University*

As we approach the climax of our military effort in the war and contemplate the continuing efforts by which it will be brought to a conclusion we are all looking forward to the responsibilities which we must face in the days of transition from a war to a peacetime economy. This is particularly true of institutions which have not only a responsibility to themselves, but also, in a more significant sense, an obligation to serve the larger social purposes which brought them into existence.

As in the case of other educational institutions, Brown University is planning for this future and is attempting to define its responsibilities and envision its opportunities in the changed settings of the post war years.

Among the actions which have recently been taken by Brown University as a part of these plans is the establishment of a *Department of Medical Sciences*. Because of its location in a metropolitan community, because of existing relationships with other institutions, and because of its own personnel resources and its library and laboratory facilities, the University can make significant contributions in this field and, by the establishment of this Department, has indicated its purpose to do so.

This new department will perform certain important functions within the University itself — functions related to the health education of its students and to the orientation of students planning to pursue professional study in the art and science of Medicine.

Through this department, the University will also offer opportunities for advanced study and research to members of the medical profession — in fields of special interest in which the University is prepared to furnish professional direction and teaching and research facilities. This is designed in part to meet the needs and desires of recent graduates of medical schools whose post-graduate studies in certain specialized fields of medical science have been interrupted by war service. But beyond this matter of more immediate interest, it is designed to provide opportunities for the pursuit of special scientific interests to other members of the medical profession who reside in this community. In this connection, one of its most fruitful contributions may result from collaboration in the development and conduct of educational programs planned and being planned by hospitals as a part of their own responsibility for effective service to the community and to the members of the medical profession through whom they carry on their work.

The establishment of the Department of Medical Sciences by Brown University is a confirmation of the University's desire to continue and enlarge its service in this field.

## WHEN BETTER IS AVAILABLE.. DEMAND IT!

Patients prefer porcelain jackets to gold crowns and justify your better fees in the greater beauty, comfort and durability of the service. The same appeals — greater beauty, comfort and durability, recommend Ticonium restorations.



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## RHODE ISLAND STATE DENTAL SOCIETY

### DENTISTRY AT BUTLER HOSPITAL

HAROLD SUTTON, D.D.S.

*Member, Board of Consultants, Butler Hospital, Providence, R. I.*

**I**N marking the centennial of Butler Hospital's foundation, the dental profession in Rhode Island would like to call attention to the part that it has played in the care and treatment of patients in this century old institution. To those who remember the rather primitive equipment of dentistry in the early days of Butler Hospital, which was established in 1844 just a short time after the first dental school, it is often forgotten that dentistry had its beginnings even centuries before that.

St. Appononia, the patron saint of dentistry, who suffered the removal of her teeth and parts of the jaw bone because she persisted in missionary work against the displeasure of the king, was one of the first patients on record. Early records in Rhode Island show that two surgeons, Gaudette and Le-maire, members of Rochambeau's Army encamped in Middletown and on the heights near the corner of Rochambeau Avenue and Hope Street—only a stone's throw from Butler Hospital—taught Josiah Flagg dentistry. It is therefore no stretch of the imagination to conclude that right here in Rhode Island was the first dental school, for it was Flagg who went to Philadelphia and trained other men to practice dentistry. Rhode Island was the first State in the Union to adopt a resolution condemning the practice of commercialism in dental education, instead advocating its placement under the control of universities with university ideals and direction.

During the first few decades of Butler Hospital's existence probably the dentist of that era made calls to the Hospital and perhaps had some patients sent to his office. As late as the early 90's local dentists made frequent calls to the Hospital to relieve emergencies and perform such operations as were possible.

Dental equipment consisting of a portable headrest, instruments and dental engine were carried by the dentist from his office. The headrest was easily attached to a chair of the Windsor type. The foot engine, consisting of a tread and flywheel, was not unlike that of a sewing machine. A cord belt transmitted the power from the flywheel to a flexible cable attached to a hand piece. The instruments were carried in a student's case—a wooden box

fitted with three shallow trays for the hand instruments, and compartments for the bottles containing drugs. In the bottom of the box was a space for supplies and a receptacle for burs to be used in the hand piece of the engine.

In 1922, when Dr. Arthur H. Ruggles assumed the superintendence of Butler Hospital, dental hygiene was more definitely organized and developed, and a great deal of attention was given to the restoration of carious teeth, the removal of diseased and impacted teeth and the installation of proper dentures. Great improvements were made in the dental clinic. I was appointed to the staff as Consulting Dentist and am performing regular service at the Hospital at the present time.

In 1939 a very desirable location giving maximum light on the top floor of Centre House was selected and a new and up-to-date clinic installed with all the latest equipment, consisting of an operating room, laboratory and x-ray laboratory. Butler Hospital today maintains as well equipped a dental clinic as is to be found in any comparable institution in the country.

#### A D A MEETING TRANSFERRED

The Board of Trustees of the American Dental Association announces that the 1944 Annual Meeting will be held at the STEVENS HOTEL, CHICAGO, October 16, 17 and 18, rather than in Omaha as originally planned. The dates are a week later than previously announced.

According to Dr. H. B. Pinney, Secretary, the action was taken only after an exhaustive investigation revealed the seriousness of the travel problem and the strong probability that it will be seriously worse by October. It was felt that Chicago offered the best transportation facilities in the country.

"We deeply regret the necessity for this action," said Doctor Pinney, "because of the immense amount of painstaking preparatory work already done by the Omaha Local Arrangements Committee, and particularly by its Chairman, Dr. Herbert E. King. We owe them an enormous debt of gratitude. However the situation with respect to pullman accommodations is so fraught with uncertainty that, in the interest of the Association as a whole, the Board felt compelled to make the move." Doctor Pinney concluded, "Those who already have Omaha hotel reservations should cancel them and make new reservations in Chicago."

## ADVANCE ANNOUNCEMENT TO DOCTORS

Blue



Cross

## INDIVIDUAL ENROLLMENT

Available August 27—October 18

*In Response to Recommendations of Many Rhode Island Physicians, Blue Cross Now Extends Protection to Self-employed, Unemployed, Retired, as well as Persons Employed in Establishments Having Less Than Five Employees. This Individual Enrollment Period is Open From August 27th to October 18th Only.*

Although more than 200,000 Rhode Islanders are now enrolled in Blue Cross through group membership, other thousands of individuals have not been eligible. Now, the new widespread service of Blue Cross is open to these persons for this limited period only. This opportunity will appeal to domestics, farmers, fishermen, professional persons, small business men etc.

The age limit is 65 years and the usual Blue Cross health statement is required. The waiting

period for maternity cases will remain at 9 months.

Since this plan brings the valuable and timely protection of prepaid hospital service to a maximum number of Rhode Island citizens, it merits your active recommendation. Prospective applicants may obtain full information and enrollment blanks by applying to Blue Cross headquarters. Descriptive literature for enclosing with your mail, and a small display cut-out in color for your waiting room, will be sent to you.



## BLUE CROSS

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## THE CONTRIBUTION OF PSYCHIATRIC NURSING TO NURSING EDUCATION\*

ELIZABETH S. BIXLER, M.A., B.N.

The Author. *Elizabeth S. Bixler, M.A., B.N., of New Haven, Conn. Dean, Yale University School of Nursing.*

EVENTS are moving so rapidly today, the present slips by so quickly, that we are all living rather breathlessly in the future. Nevertheless it is sometimes helpful to turn to the past in order to determine what should or should not be carried over into present practices and future plans. The meagre historical data available on psychiatric nursing show two things rather clearly—first, that in the past psychiatry and psychiatric nursing were considered quite apart from general medicine and nursing and secondly that, except for the darker periods of history, psychiatric patients have received care and supervision from persons who may by courtesy be termed psychiatric nurses and who utilized, either through precept or through intuition, some of the principles of psychiatric nursing which today are considered basic. It is impossible to divorce the ancient history of psychiatric nursing from that of psychiatry. There have always been mentally sick persons. Sometimes they received no care at all; at other times they evidently received care commensurate with the scientific knowledge of the period, whether the "doctors" were medicine men, high priests, or learned scholars.

For illustration, a few individuals may be cited who cared for psychiatric patients with considerable discernment. One of the earliest written reports of one who may be considered a forerunner of psychiatric nursing concerns a man, Joan-Baptiste Pussin, who, although without the benefits of a psychiatric nursing education, was a close and trusted associate of Pinel in his great reformation of psychiatric practice and of whom Pinel himself has written in terms of affection and esteem. In 1785 Pussin was employed as supervisor at Bicetre and according to the record it was he who first experimented in removing restraints from some of the patients. Pinel has acknowledged that Pussin, because of his commonsense understanding of his

patients, his devotion to his work and his sense of justice, was of great assistance to him, both at Bicêtre and later at Salpêtrière. In addition to these qualities Pussin had sympathy, gentleness and good humor all of which today are considered essential for the psychiatric nurse.

Closely associated with the work of Pinel was that of Samuel Tuke in England. When the York Retreat was first opened with 15 patients the staff consisted of a superintendent, a housekeeper, and two men and three women servants. There is no doubt that these "attendants" were taught the proper care of psychiatric patients by Samuel Tuke and other doctors. Even at that time the personality of the attendant was considered important. They were urged not to be familiar with the patients, yet to do everything possible to arouse their confidence. The attendants were not to reason with the patients, nor to be condescending. In the words of the great Quaker leader "to applaud all they (the patients) do right; and pity, without censuring, whatever they do wrong, requires such a habit of philosophical charity as is certainly difficult to attain." In modern terminology psychiatric nursing teaches that the *attitudes* of the nurse, varying with the psychological needs of her patients, are of paramount importance.

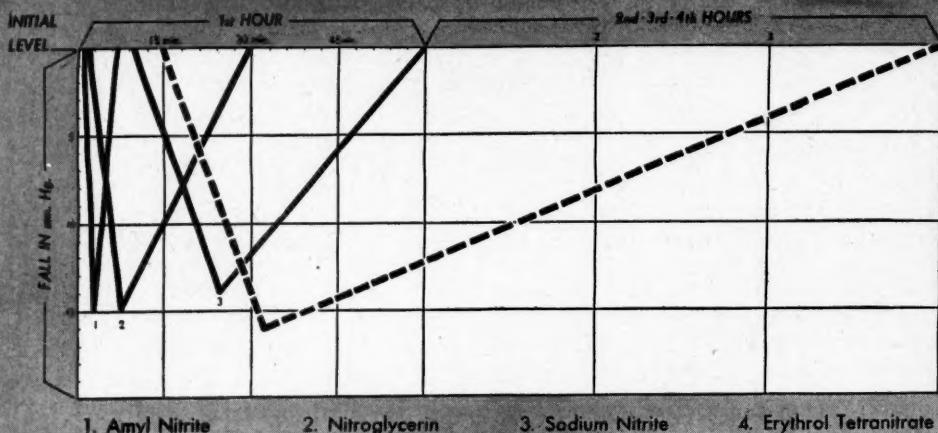
### *Expansion of Nursing Care*

The first psychiatric nurse was, unquestionably, Florence Nightingale, the founder of modern nursing. In addition to her own wisdom and insight, she was the product of the 19th, sometimes called the "woman's century", a time when a whole galaxy of strong notable women began working for causes, reforms and progress. Catherine Coppe wrote an article called "On the Desirability and Utility of Ladies Visiting the Female Wards of Hospitals and Lunatic Asylums". Mrs. Jameson urged the bitter need of the inmates of hospitals, prisons, asylums, workhouses and reformatories, in all of which, to quote, "the poor, the sick and the delinquent were suffering for the care of compassionate and motherly women". Miss Nightingale, in founding a school of nursing, gave the necessary practical answer to these strivings. In all her teaching and writing she emphasized the psychological aspects of good nursing care. In her

*continued on page 402*

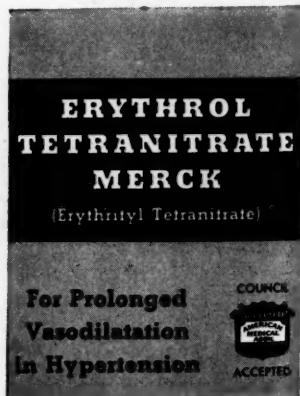
\*An address delivered at the Centenary Celebration at Butler Hospital, Providence, R. I., on May 10, 1944.

# PROLONGED REDUCTION OF HIGH BLOOD PRESSURE



**Comparative effects of commonly used nitrites on systolic blood pressure in normal individuals. The action of Erythrol Tetranitrate Merck begins in 15 minutes and persists for three to four hours.**

Treatment of arterial hypertension today is necessarily directed toward relief and not cure. When such measures as rest and dietary control have been unsuccessful, the employment of medical treatment is suggested. Among the various preparations available, Erythrol Tetranitrate offers the advantage of producing a reduction in blood pressure sufficiently prolonged so that administration three times daily may maintain the reduction. Erythrol Tetranitrate Merck may be prescribed over a protracted period with sustained effect. By dilating the peripheral arterioles, it tends to decrease not only the stress of excessive pressure on the arterial walls, but also to relieve the burden of the heart.



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## HOSPITAL ASSOCIATION OF RHODE ISLAND

## RHODE ISLAND'S OLDEST HOSPITAL

*Butler Hospital, 1844-1944*

PAUL J. SPENCER, A.B.

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The Author. *Paul J. Spencer, A. B., Assistant to the Superintendent, Butler Hospital.*

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NICHOLAS BROWN, who died in 1841, left in his Will a bequest of \$30,000 "towards the erection or endowment of a . . . retreat for the Insane." This instrument further stated: "It has long been deeply impressed upon my mind that an insane hospital should be established in this vicinity upon a firm and permanent basis under an Act of Legislature where that unhappy portion of our fellow citizens who are by visitation of Providence deprived of their reason, may find a safe retreat, and be provided with whatever may be most conducive to their comfort and to their restoration to a sound state of mind."

As a result of the petition of a group of leading citizens of Providence, known as the "Incorporating Committee," a charter was granted by the Legislature of the State of Rhode Island, at its January 1844 session, for the establishment of the "Rhode Island Asylum for the Insane."

Shortly after this a prominent merchant of Providence, the Honorable Cyrus Butler, agreed to give the sum of \$40,000 toward the establishment of such an institution and the creation of a suitable building, providing an equal sum be raised by subscriptions, in order that an amount of \$50,000 could be set aside as a permanent endowment fund from the total of \$110,000 thus available. These conditions were fully complied with, and on October 19, 1844, a tract of land, once known as the "Brick House Farm," and latterly as the "Grotto Farm," containing one hundred fourteen acres of land on the banks of the Seekonk River, was acquired for the sum of \$6,000. Upon this land was a brick residence, the Richard Brown House, now believed to be the oldest brick house still standing in Providence. It is still used as a residence by Hospital personnel.

On November 8, 1844, the Trustees voted to name the new institution "The Butler Hospital for the Insane" in honor of its most generous benefactor.

Thus Butler Hospital became not only the first mental hospital in Rhode Island but the first hospital of any kind in the State.

The Trustees engaged the consulting services of Dr. Luther V. Bell, Superintendent of the McLean Asylum near Boston. Dr. Bell spent several months in England and on the Continent studying the most recent ideas on the construction and function of mental institutions, returning in the late spring of 1845 with plans in mind embodying the best features of the structures he had seen. Together with the Superintendent of the Maine State Asylum in Augusta, Dr. Isaac Ray, whom the Trustees had engaged to be the first Superintendent of Butler Hospital, Dr. Bell worked out the design of the original buildings which still comprise the nucleus of the present-day Hospital. Ground was broken for the building in the autumn of 1846, and Butler Hospital opened its doors to receive the first patients on December 1, 1847. Of Tudor-Gothic architecture, built in the shape of the letter E, running two hundred ninety feet in length, with some one hundred thousand square feet of floor area, the Hospital was designed to accommodate about one hundred patients, and cost \$89,000 to erect.

True to the spirit of its founders, whose desire was to help the "indigent insane" populating the poorly kept almshouses of the State, the weekly rate for care and treatment was set at \$2. Despite rising costs, the rate was held below \$3 a week for a number of years, the income from the Permanent Fund being used to make up the operating deficit.

Through the years extensive alterations and additions to the buildings have been effected. The Duncan, Sawyer, Goddard and Weld Houses and Weld Infirmary were added as wards for patients, additional quarters were built for personnel, and Ray Hall was constructed with complete recreational and occupational facilities. The stable has been converted into a large and fully equipped gymnasium; a hobby shop, industrial shop, conservatory and superintendent's and doctors' residences have been erected. Extensive landscaping has rendered the present one hundred thirty acres a retreat of beauty and charm.

*continued on page 431*

## PSYCHIATRIC NURSING

*continued from page 399*

*Notes on Nursing* one finds "the nurse must distinguish between the idiosyncrasies of patients. One likes to suffer out all his suffering alone, to be as little looked after as possible. Another likes to be perpetually made much of and pitied and to have someone always by him."

Soon after Florence Nightingale led the way, schools of nursing were started in this country, among them a number in hospitals for the care of psychiatric patients. Superintendents of these hospitals soon found that the systematic instruction of nurses was followed by considerable improvement in the nursing service in a variety of ways. Benefiting from this experience Butler Hospital opened a school of nursing in 1895. Under the efficient and far-seeing direction of Miss Sarah Parsons, the first superintendent of nurses, the foundations were laid for the wise, intelligent, liberal teaching of student nurses which has characterized the school. From the beginning certain principles were established which show the wisdom of the founders. Miss Parsons and Dr. Blumer, superintendent at that time, both recognized that psychiatric nursing is a part of general nursing education and recommended an affiliation with a general hospital. In 1909 such an affiliation was effected with Bellevue in New York City. Four years before this an affiliation was established with the Providence District Nursing Association whereby each student spent eight weeks in the public health nursing field, thereby gaining breadth of vision as a nurse and in turn contributing to public health work her own understanding of psychiatric problems.

In recommending this step Dr. Blumer wrote "It seems to me that the moral effect upon this community of having the pupil nurses of Butler Hospital engage in the work of general nursing will be very great in inculcating the doctrine that diseases of the mind are diseases of the brain, dependent upon tissue changes or functional disorders of that organ, and not to be viewed otherwise by the public than as other diseases of the body. Year after year and decade after decade alienists have been preaching this doctrine in season and out, but it still seems even in this enlightened age, that it is almost a primitive instinct of our race to look with dread upon the insane, or, at all events not regard them after the manner of other sick folk. Pupil nurses from Butler Hospital mingling among the sick poor of the city of Providence during eight weeks of their training, would be able to accomplish much in the fight against prejudiced and ignorant conceptions."

Similarly, it was early recognized that the medical staff must assume responsibility for the teaching

## RHODE ISLAND MEDICAL JOURNAL

of student nurses. This obligation placed additional burdens on the doctors, but was willingly accepted. The school has consistently had generous and helpful cooperation from the medical staff in the teaching program. At the same time the extra expense of having a school was acknowledged to be justifiable because of the improvement in the care of patients.

Dr. Blumer in his annual report in 1902 showed appreciation of the value of the school to the hospital and expressed his ideal of the kind of nurse the institution desired to produce. He wrote "To state that at the beginning of the year the number of pupils was fifty-four, that during the year seventy-eight probationers were admitted, that seven members graduated, and that the year closed with a staff number of fifty-seven, feebly expresses the vitality of the school. The vigor of the school must be determined, as well by its *esprit de corps*, as by the growth of those higher faculties, so essential in hospital service, the power to recognize quickly and record intelligently important clinical data, and by the attainment of a broadening ethical culture, particularly in reference to the "psychic factor" as a part of daily routine. Considering the evolution of the stage of scientific treatment of the mentally ill from the merely custodial of the dark ages through the domestic period recently closed, pardon may be granted if we congratulate ourselves on having within the few years of the school's existence made considerable progress on lines referred to, still striving to inculcate proficiency in the nurse's domestic relations, yet ever holding them subservient to the higher purpose."

Through the years the school showed a steady growth, every change being weighed with conservative caution but the dominating plan of "harmonizing the largest service to the patients with the greatest good to the pupils in training" being strictly adhered to. Dr. Ruggles and Miss McGibbon have carried on consistently the ideals of the founders of the school showing a liberal progressive attitude toward necessary changes and an awareness of the part that psychiatric nursing plays in all nursing education.

*Progress in Nursing Education*

In due time the nursing profession, through the activities of the National League of Nursing Education and other organizations, took up in earnest the study of nursing and nursing education in this country. As a result of the study, it seemed advisable to recommend that student nurses be taught the foundations of nursing in a general hospital and psychiatric nursing through affiliations with psychiatric hospitals. This was obviously the first step toward making psychiatric nursing an integral part

*continued on page 427*

**CONTRIBUTION OF PSYCHIATRY TO MORALE**  
*continued from page 384*

drafted to serve their country. Even now, when in a military sense the handwriting is on the wall for the forces of dictatorships, unscrupulous propaganda is striving increasingly to make us suspicious of our Allies and they of us, trusting in the dictum: "Divide and conquer".

*Utilization of Honest Propaganda*

Is there such a thing as honest propaganda? There is. Psychiatrists use it every day. They employ it with their patients in order to convince them that the world of reality from which their mental illness has removed them is after all a much better world than the land of unreality in which they are living.

In order to be successful, psychiatric propaganda must be truthful; the psychiatrist himself must have faith in it; it must deal not only with the present situation but also with the future and contain the understanding that if feasible, the too hard and too unfair conditions of the patient's everyday life will be eased. It cannot accomplish its aim by cold, clear logic but it needs the momentum that comes from emotional warmth and enthusiasm. Finally, it must be sold to the patient. A man may make a perfect thing, perhaps a mousetrap so cunningly contrived that mice would come from far and wide squeaking to be imprisoned in its meshes, but unless there was sales talk, the public would never know about it and would not buy it to catch mice.

National propaganda must have the same qualities as the propaganda we use with our patients. It must be honest. If anyone objects that honest propaganda "won't work" the answer is—"How do you know, it has never been tried".

We must have faith in our propaganda. Surely this should not be too difficult. Our democracy and any democracy will never achieve Utopian perfection, but it is true that not only in our present troubled condition, but as far as legitimate promises for the future will be redeemable, our country gives more and offers more to every man, woman and child than any nation in the world.

Like anything else, even a country must be sold to its people. This is particularly true of a democracy, for a democracy dare not ruthlessly stamp out unscrupulous propaganda. Often on the surface it is not to be distinguished from honest propaganda, and a democracy dare not risk the extinction of its intelligent minorities. Honest propaganda is not allergic to the emotions. It should be presented warmly and stirringly and not only with cold factual detachment. Our nation would scarcely have been conceived, and if conceived it would have been stillborn, if it had not been for the enthusiastic

momentum imparted by patriotic fervor. The nation would never have survived its crises had it not been for the self-sacrificing emotional devotion of the people.

\* Both deceitful and truthful propaganda must make use of the symbol. Psychiatrists need scarcely be warned that the symbol is dangerous and may dethrone reason and enslave the emotions. Too often have psychiatrists witnessed the degradation of the symbol from its legitimate function of condensing and economizing thought and speech, in the reduction of the once nobly functioning human mind to a dirty scrap of cloth or a few vapid words or manneristic gestures.

In somewhat similar fashion does unscrupulous propaganda prostitute the symbol. There is the hushed, expectant silence; the shrill blast of the trumpet; the roll of the drums; the entrance of the high priest; the presentation of the symbol, sometimes a reverently intoned formulae of words; often the replica of some object usually of noble traditional lineage. Then, indeed, is intelligence dethroned and any utterance at all, however banal, serves to unleash bestial passions.

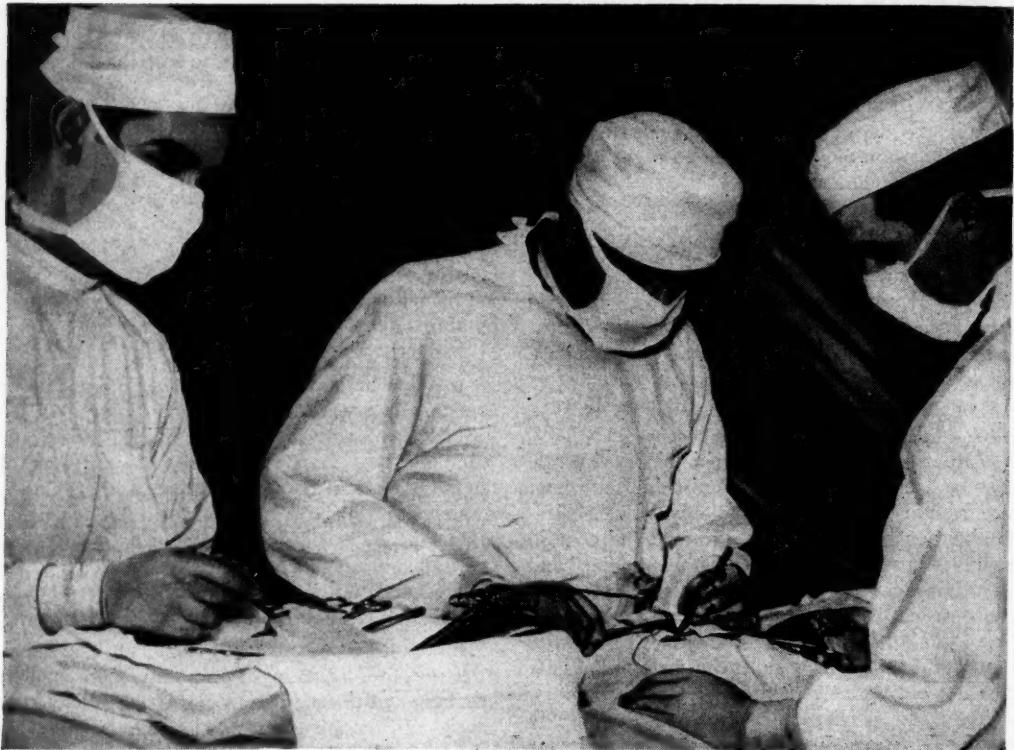
In honest propaganda the symbol serves a legitimate purpose. It serves to economize thinking and speaking and to produce emotional warmth and enthusiasm. A symbol is as good as the thing it symbolizes, and is an acceptable and necessary part of everyday life. A cheque is a symbol for money—a good symbol of the money in the bank. A kiss is a symbol of trust, friendship or love—unless it be a Judas kiss of betrayal. In certain religions there are beautiful symbolisms expressive of the boundless love and compassion of the Creator. So, too, are the flag and the national anthem symbolic of our patriotism. They should stir us emotionally.

There is too much of a tendency to look "down nose" at public displays of patriotic fervor and think of them as non-intelligent. This is not only supercilious but untrue. Robust displays of patriotic feelings are good for us and for our nation.

*Psychiatric Definition of Democracy*

If Psychiatry were asked to define Democracy, the definition it would give from its many years of experience would not be sentimental but very realistic. Psychiatry knows that all men are far from being equal. Even at birth there are the inequalities of inheritance. Riddle said: "All men are created unequal. No politics of poetry or dogma in this; just a straight, clean fact of prime importance to decent thinking on human social problems; and possibly a fact that must be learned, digested and assimilated before unreason ceases to be a threat to all democratic forms of Government."

*continued on page 410*



# War ...in white

 Always exposed to enemy fire, bombing, the field clearing-station surgeons work under the worst hazards ever faced by "soldiers in white." Naturally, their brief respite . . . the occasional "breaks" for smokes . . . are delightful moments.

More delightful because their cigarette is likely to be a Camel... the milder, more flavorful brand favored in the armed forces.\*

Today . . . as in the first world war . . . Camel is the "soldier's cigarette," every puff a cheering highlight in a fighting man's life.



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\*With men in the Army, the Navy, the Marine Corps, and Coast Guard, the favorite cigarette is Camel.  
(Based on actual sales records.)



New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410.  
Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

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## THE SERVICEMEN'S READJUSTMENT ACT OF 1944

*(The G. I. Bill of Rights was approved by the President June 22, 1944, as Public Law 346, Seventy-eighth Congress. The following abstracts from an analysis of the measure by the legal department of the AMA are published that medical officers who are veterans of this war may be familiar with some of the benefits made available by the new law. — The Editor)*

### TITLE I

This title deals generally with hospitalization, claims and procedures, aid by veterans' organizations, and the review of discharges or dismissals from the armed forces. It authorizes an appropriation of \$500,000,000 for the construction of additional hospital facilities for veterans; it provides for the detail of commissioned, appointed or enlisted personnel from the armed forces to the Veterans' Administration for periods not extending beyond six months after the termination of the war; it makes available adequate training in the use of prosthetic appliances in a Service or a Veterans' Administration hospital, "or by out-patient treatment, including such service under contract"; and it sets up machinery for the review of certain discharges or dismissals from service.

### TITLE II

This title of the law provides a program for the education of veterans following separation from service.

*Eligibility for Benefits.*—Persons who served in the active military or naval services on or after September 16, 1940, and prior to the end of the war, for the prescribed length of time, and who shall have been released or discharged under conditions other than dishonorable, will be entitled to the benefits of this title.

Veterans must have served 90 days or more or must have been released or discharged from active

service by reason of an actual service-incurred injury or disability. This 90-day period is in addition to any period spent under the Army or Navy training programs which were a continuation of a civilian course pursued to completion.

An otherwise eligible veteran over 25 years of age must show that his education or training was impeded, delayed, interrupted or interfered with by reason of his entrance into service in order to qualify for the additional education or training made available under this title.

An otherwise eligible veteran will be entitled, too, to a "refresher or retraining course" if he so desires.

*Onset, Length, and Termination of Courses.*—A course must be initiated not less than 2 years after either the date of the veteran's discharge or the end of the war, whichever is later. No training will be afforded beyond 7 years after the end of the war.

An eligible veteran will be entitled to education, or training, or a refresher or retraining course for a period of one year, or the equivalent thereof in continuous part-time study, or for such lesser time as may be required for the course of instruction chosen. On completion of the one year course, other than refresher or retraining course, the veteran will be entitled to an additional course not to exceed the time he was in service after September 16, 1940 and before the end of the war.

The total period of education or training may not exceed four years.

*Educational Institutions.*—The veteran may select any approved institution to attend which will agree to accept or retain him. For reasons satisfactory to the Administrator of Veterans' Affairs, the veteran may change a course of instruction. If the progress of the veteran is unsatisfactory, the Administrator may terminate the course.

*Payment to Educational or Training Institutions.*—The Administrator will pay to each institution for the veteran enrolled the customary tuition cost

*continued on next page*

## SERVICEMEN'S READJUSTMENT ACT

*continued from preceding page*

and such laboratory, library, health, infirmary and other similar fees as are customarily charged. The Administrator may pay for books, supplies, equipment and other necessary expenses, exclusive of board, lodging, other living expenses and travel, as are generally required for the successful pursuit and completion of courses by other students.

Payments by the Administrator may not exceed, with respect to any veteran, the sum of \$500 for "an ordinary school year."

*Maintenance Allowances:* — While enrolled in and pursuing a course, a veteran will be paid a subsistence allowance of \$50 per month if without dependents, and \$75 a month if he has a dependent. Attendance on a part-time basis, or productive labor providing compensation during the course period will reduce these allowances.

## TITLE III

This title sets up machinery whereby loans will be made to Veterans for the purchase or construction of homes, farms, and business property. Provisions for loans include (1) for the purchase, construction, alteration, repair or improvement of property to be occupied by the veteran as his home, or the payment of delinquent indebtedness, taxes, or special assessments on residential property owned by the veteran and used by him as a home, and (3) the purchase of any business, land, buildings, supplies, equipment, machinery, or tools to be used by the applicant in a gainful occupation, other than farming.

The aggregate amount guaranteed by the Veterans' Administration may not exceed \$2,000 in a particular case nor 50% of the loan negotiated for the purposes indicated. Provision is made for the guaranteeing of a second loan under specified conditions. Application for the guaranty of a loan must be made within 2 years of separation from service or within 2 years of the termination of the war, whichever is later, but may not be filed later than 5 years after the war.

Interest for the first year on the guaranteed part of the loan will be paid by the Veterans' Administration and thereafter the interest on guaranteed part of the loan may not exceed 4%. The guaranteed part of the loan is to be repayable in 20 years.

## TITLE IV

This title contemplates a job counseling and employment placement service for veterans to be operated under the U. S. Employment Service with the cooperation of the Veterans' Placement Service Board.

*continued on page 417*

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Popular Johnnie Walker can't be everywhere all the time these days. If occasionally he is "out" when you call... call again.

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## CONTRIBUTION OF PSYCHIATRY TO MORALE

*continued from page 405*

Immediately after birth and throughout life there is the operation of many inequalities largely derived from the five evils cited by Southard: Ignorance, Poverty, Disease, Crime and Legal Entanglement. Psychiatry might propose this definition of a democracy: An acceptance of natural inequalities but with the endeavor to lessen the penalties incurred by the individual who suffers them and a constant and unremitting effort to remove artificial inequalities.

I have indicated only a few of the many contributions which Psychiatry has made to democratic morale.

Eventually and by the mercy of God this cruel and bloody war will cease. Then at the Peace Table there will be a sincere effort to insure the Peace. It is to be hoped that Psychiatry will have a voice in the deliberations. Psychiatry has served a long and faithful apprenticeship in an intensive study of the individual in health and disease. It is now ready to make application of what it has learned to human society en masse. Psychiatry is at the dawn of its social era.

Certainly the humane disciplines deserve respectful attention. Political diplomacy has not been glowingly successful. At best it may be counted upon to produce a precarious balance of armed power—a temporary rearrangement of boundaries. Finance has not yet given a workable answer. Indeed, some of its formulas might make one believe that mathematics in its higher flights is akin to poetry and a few of its devices if proposed a decade ago would have been labelled grandiose delusions.

To the Trustees; to Dr. Ruggles and his Staff; to the employees and many friends of Butler Hospital, I bring from your sister institution, the Pennsylvania Hospital greetings and felicitations. Personally I give you this Centenary wish: May this noble édifice survive for many centuries and may the scientific and humanitarian lessons learned in its halls and so freely taught to others, Butler's contribution to democratic morale, never be effaced from the minds and hearts of men.

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† Brennemann, Jas., Amer. Med. Asso., Vol. 60: 575-582; 1913.

\* Expe and Dye—"Effect of Curd Tension on the Digestibility of milk." Amer. Jour. Dis. Child. 1932, Vol. 43, P. 62.

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## PSYCHIATRIC PROBLEMS IN WAKE OF WAR

continued from page 386

I reminded you a while ago of Heraclitus' "Man is the measure of all things." May I also recall the following words of this Greek philosopher: "If I can prove to you that Athens is governed by laws that are just, I will have said an adequate eulogy in the memory of those who died for her." The opposition of these two sayings of Heraclitus' plainly suggests that the greatness of man cannot be measured outside the goodness of the society in which he lives. I should like to emphasize, by way of warning, that in stressing the value of the individual man I should not care to relieve him — his greatness to the contrary—from his obligation to remain in a state of humility. It is true, as Anatole France put it, that "What is admirable is not that the world of stars is so vast, but that man was able to measure it"; and while this is true, we must not forget the answer which the Muse gave to the same Anatole France when he queried her about the genius and the destiny of men. The Muse told him, among other things, that man's original pagan gods "gradually dropped their ancient cruelty, and became disgusted with the shedding of blood of their victims; some of these gods, like Aphrodite and Pallas, even shined with the brilliance of wisdom and beauty. But, for the most part, they limped behind the progress of the human mind. They remained jealous and unjust. Man then came to see that these gods were but the memory and the image of his own terrors which had vanished, and he stopped believing in them. He then had no other god but his own genius. He measured the universe; he weighed the sun; he split atoms."

"But the essence of things was not revealed to him. He remained the toy of appearances, and he knew not his origin or ends."<sup>2</sup>

Let us therefore bear in mind that being in love with his genius does not add to man's greatness or knowledge. Sometimes it is not the measuring of the vastness, but the appreciation of the infinity of it that adds knowledge.

This philosophical digression should make it easier for us to face and appreciate properly the fact that psychiatry has become a little more than a purely therapeutic discipline; outside its purely therapeutic endeavors and scientific research, psychiatry has become preoccupied with problems of delinquency, crime, and social psychology in general. Some years ago, Dr. William Alanson White, speaking before the American Bar Association, stated that psychiatry had invaded the field of sociology. While this is undoubtedly true, it would perhaps be

more true if he had said that social problems imposed themselves upon psychiatry and psychiatry accepted the challenge and the task.

It is in this field that psychiatry faces its major problems as a result of this war. The very best intentions and efforts, and even the best gifts of brevity, would be hopelessly thwarted if one were to give here a complete outline of these problems. Little more than mere allusions can here be attempted.

Let us for a moment set aside the various rational motivations which make us fight this war and make us lend every effort to achieve an absolute and victorious end. Let us glance into the dynamic psychology and not the rationalist economic, cultural, and political aspects of war.

Man fights to kill. Man learns to kill. He need not learn to die, even to die heroically, but he must learn openly to hate and to destroy and to kill. He must learn the tragic necessity of destroying all those things which in peacetime he learned to value most highly as the best achievements of our civilization—railroads, food and water supplies, sewage systems, homes, libraries, churches—everything that stands in the way of victory, everything that the enemy needs or uses. This is as it should be. Yet this psychology of destruction, of disregard of life and property and of many purely cultural values such as civility, mutual respect, and trust, is not limited to the men in battle. The men in the foxholes must divest themselves of many attributes of our daily peace-civilization—they must do or die. But the civilian population is subject to the same psychological shift. We rejoice when we hear how many of the enemy were killed or starved into submission, with sorrow we count our own dead, and with this sorrow we nurse a rightful hatred of those at whose hands our own were deprived of their lives. This hatred of the enemy cements national unity.

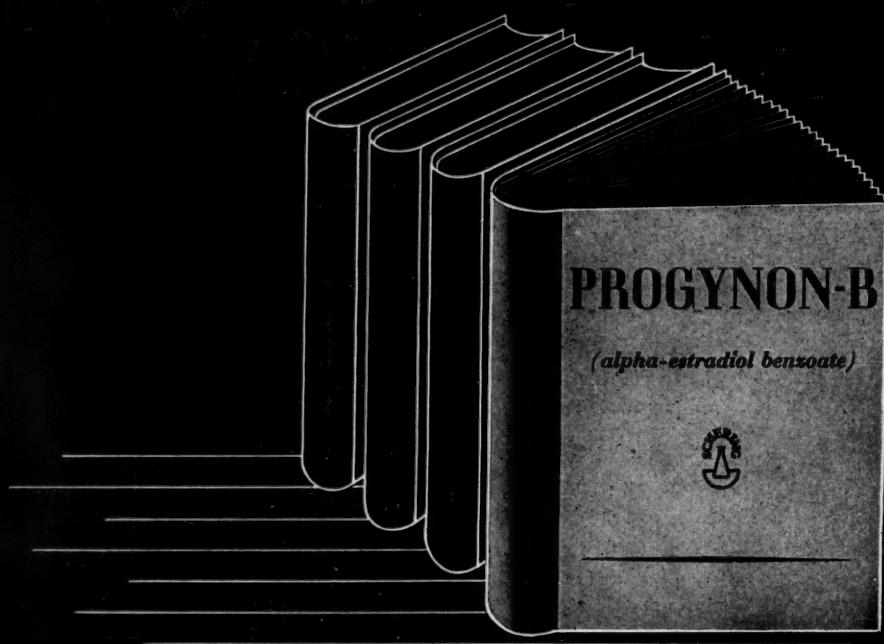
It makes us the potent combat unit which we must be at all cost. Yet the costs are high. We pay the price with stern determination, but in doing so we also devalue many of our cultural treasures. When we hear that Florence was bombed, we rightfully rejoice, and we force ourselves to forget that it is Florence where Michelangelo and Savonarola lived, worked, created, and kindled the fire of faith and hope and beauty.

When we hear that Salerno was destroyed, and Monte Cassino reduced to rubble we stand in awe contemplating the sacrificial greatness of our young men, over whose bodies and through whose blood our destiny leads us to liberation from tyranny. So we rejoice in the new ruins of Salerno and the rubble of Monte Cassino—but we do pay a price for this joy. We think of Salerno and Monte Cassino as military objectives. We must and we do

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<sup>2</sup>Anatole France, "La terre et l'homme," *Oeuvres complètes*. (Paris, Cadmann-Lévy, éditeurs, 1925), XXV, 359.

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## PSYCHIATRIC PROBLEMS IN WAKE OF WAR

*continued from page 413*

force ourselves to forget that Salerno was perhaps the only spot in the whole Christian world which for a thousand years kept, cherished, and nurtured what was left of classical medicine, in order to return it to the awakening world in the thirteenth century. We must and do force ourselves to forget that the Benedictine Monastery on Monte Cassino has been the cradle of education and medical tradition since the sixth century, that the great physician Cassiodorus worked there and that there his writings were preserved for generations to come.

*Impact of War on Civilians*

We must forget all this, because we must fight. And we must hate in order to fight. Imperceptibly, as if by psychological osmosis, this hate penetrates into the various layers of civilian life, stimulating social, internecine strife. Man cannot easily turn from destruction to construction, from hate to love, from revengefulness to forgiveness, from cultural relaxation to cultural restraint. Man's instinctual forces in their ebbs and flows are not easily brought under purely rational control; it is easy for him to regress a few steps below his cultural level, but it is not so easy for him to negotiate the step upward again; he always lingers a little in the trough into which he slips or falls from the top of his cultural hill.

This is why war breeds disregard for one's fellow men, and disregard of human life. This is why we find an increase in thievery, blackmarketing, kidnapping, capital crimes, and other indices of social disintegration during and particularly in the wake of war. This has been the experience of mankind since time immemorial. The classical description of social disintegration and the fall of human *mores* made by Thucydides over twenty-three hundred years ago in his *History of the Peloponnesian War* fits in more than one respect the status

of human society during and after all wars, ancient and modern. This disintegration affects not only the field of economics and politics but also the instinctual cohesion of society. As is always the case with human instincts, once their integration is disturbed they break down into their primitive components and produce a lowering of *mores*. The sexual instincts become more servants of the sensual drives than of those which we call love, friendship, and mutuality of emotion. All this is the reverse side of the medal of our heroic strife, and all this produces problems of primary psychiatric concern. These phenomena are of a sociological order; they are not merely the result of the fact that our society has so many "constitutionally" wayward adolescent boys and girls, bad men and women. It is history and culture themselves that weaken their hold on the individual, and he weakens correspondingly. Side by side with heroism and self-sacrifice live hedonism, egotism; the acquisitive, sensual instincts are brought into full play.

We honor our heroes. They deserve it; we owe it to them. But in doing so we fall into a psychological trap of delusional self-righteousness, and deem to cure our social ills and many victims of our cultural catastrophe with imprisonment, capital punishment, or other judicial forms of revenge.

Psychiatry has learned that transgressions of the law, from milder forms of delinquency to capital crimes, are psycho-sociological phenomena. In this it has assumed, or ought to assume, the same attitude as the medical man in general, or the public health officer toward epidemics.

The increase of epidemics and of venereal diseases in the wake of war is not treated by way of fining every case of gonorrhea, imprisoning every case of syphilis, depriving of his civil rights every case of malaria, and executing every case of typhus.

Yet the increase in homosexuality, theft, and capital crimes in the wake of war is officially not the concern of medicine but that of the law. Psy-

*continued on page 417*

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## PSYCHIATRIC PROBLEMS IN WAKE OF WAR

*continued from page 415*

chiatry for many years has been analyzing the psycho-sociological factors of major and minor crimes, and of recent years it has challenged the psychological, ethical, and practical validity of certain aspects of the law, which knows not of treatment but of punishment.

In the course of his long career as a clinical psychiatrist and psychiatric criminologist, Dr. White better than anyone else revealed by word of mouth and by his pen the essential motive of revenge and retribution to which society, through the instrumentality of its penal code, gives vent with an ease, conviction, and sense of justice which are psychologically untenable and morally deceptive. American psychiatry on the whole has followed White's fundamental conceptions.

In the wake of this war psychiatry will find itself better prepared than at any time in its history as a branch of medicine with psychological knowledge, sociological enlightenment, and clinical experience. Its task, like the task of the rest of medicine, will be that of reconstruction and rehabilitation of the military and civilian, direct and indirect casualties of war.

But unlike medicine and surgery, psychiatry—outside the well-defined field of the psychoses and neuroses—must also deal with clinical material which is still viewed by the penal codes as peculiarly their own. The psychiatrist therefore is forced to become a practical sociologist, and to consider one of his major medical tasks pressing social and legal reforms which would permit him in the sociological field to practice his specialty and fulfill his professional task in the light of the knowledge he possesses and professes, but which he is prevented from using freely by the superannuated tradition of punitive justice.

We may well then repeat the admonition of Heraclitus: "If I can prove to you that Athens is governed by laws that are just, I will have said an adequate eulogy in the memory of those who died for her."

## SERVICEMEN'S READJUSTMENT ACT

*continued from page 408*

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The allowance payable will be \$20 a week less that part of the wages paid to the veteran for such week in excess of \$3.

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## WAR AGAINST FEAR AND HATE

*continued from page 388*

time seek for more. In this search, the little army at Butler Hospital has more than done its share.

*Modern Psychiatric Conceptions*

It is to the implications of the modern psychiatric conception that I would particularly call your attention. If we assume that maladjustment is the province of psychiatry, are we not obliged to think of mental illnesses in broader terms than these connoted by "hallucinations" and "delusions"? What shall we say of the chronically unhappy, the self-elected messiahs, the political agitators, the industrial misfits, the drunkards, the fire-setters, the Jew-baiters, the negrophobiacs, the double-crossing husbands, the cheating wives, the men who bribe government inspectors to pass defective cable to the war front, or the men who take these bribes? Where does the province of psychiatry, in such terms, end?

My own view, like that of Dr. Strecker and Dr. Zilboorg who have spoken here so eloquently, is that it does not end, but that it extends. In theory, at least, all these maladjustments belong to psychiatry. I believe it is only through psychiatry, through the scientific study of human behavior, human motives, human instincts, human weaknesses, human failures that we can construct a durable or

## RHODE ISLAND MEDICAL JOURNAL

endurable civilization. I believe that only thus can we put a stop to the social diseases of the world—war, poverty, slavery, unemployment, panic, waste, famine, misery and perpetuated ugliness. For these social diseases are diseases of the individual personality. Louis Pasteur said that "Two contrary laws seem to be wrestling with one another nowadays, the one a law of blood and death over imagining new means of destruction . . . the other, a law of peace, work, and health ever evolving new means of delivering man from the scourges which beset him." But it was Freud, the psychiatrist, who related these two contrary laws to the innate nature of human beings; it was he who recognized that the destructiveness of human beings is not the result of some passing fever, some incidentally occasioned accident in the normal course of life or some mysterious mob influence but the expression of a deep persistent instinct present in every individual. And it was also Freud who showed us that the impulse to live and love is likewise an instinctual endowment of human beings and a source of strength in opposition to the self-destructiveness. Die we must, ultimately, but in the meantime we can live, if we can love.

"If we can love:" this is the touch-stone. This is the key to all the therapeutic program of the modern

*continued on page 421*

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## WAR AGAINST FEAR AND HATE

*continued from page 418*

psychiatric hospital; it dominates the behavior of its staff from Director down to gardener. To our patients who cannot love we must say by our actions that we *do* love them. "You can be angry here if you must be; we know you have had cause. We know you have been wronged. We know you are afraid of your own anger, your own self-punishment—afraid, too, that your anger will arouse *our* anger and that you will be wronged again and disappointed again and rejected again and driven mad once more. But we are not angry—and you won't be, either, after a while. We are your friends; those about you are all friends; you can relax your defenses and your tensions. As you—and we—come to understand your life better, the warmth of love will begin to replace your present anguish—and you will find yourself getting well."

It is not easy to maintain and to implement such an attitude and such therapy—but it is the program of modern psychiatry. It is, I know, the program of Butler Hospital.

Scientists, doctors, psychiatrists are not alone in seeking to solve the great problems of the individual or the problems of groups, of society. In a sense, *every* thoughtful person strives to do what he can to make the world a better place to live in. But the fact is that while we have made some progress, with the aid of religion, education, political science, economic theory, social organization, we are still painfully far from our goal, and it seems to some of us that the application of science, psychological science, the science dealing with personality structure and personality function ought to yield more fruitful results. It has never been tried, really; even today we know far more about airplanes and radios than we do about human minds, and for the most part consider them (the former) more important.

This is why the battle waged by the psychiatrist against the hate and fear that have made his patient ill is at the same time a battle for human happiness and betterment. I think of this, and I believe my colleagues all do, when the long weary hours of work devoted to a single sufferer stretch out over monotonous, discouraging months and even years. It is not just for John Smith that I am patient and steadfast and unflagging—it is not just for him, or even for his family, or for science. It is for the world. It is for the better world that my children and my grandchildren shall live in.

This is my credo and my faith and my hope. This is why I am proud to stand and bear witness to my reverence for the founders of an institution that has carried on with this same faith for one hundred years, my gratitude to a community with the continued vision to make that possible, my in-

spiration from the lives and work of the men and women that have been and that are—Butler Hospital.

## FUTURE OF VOLUNTARY HOSPITAL

*continued from page 390*

and control, to work in teams and groups. It has played the determining role in creating the nursing profession. As an institution offering scope and outlet to the energies of public spirited men and women in behalf of the public welfare the voluntary hospital has satisfied, and I think will continue to satisfy, the remarkably useful activities of sensible leaders who enjoy being helpful under any kind of circumstances.

If the voluntary hospital has had any conspicuous defect it is this: that despite its intensive excellence it has frequently been reluctant to see the complete picture of community need. Generosity and vanity sometimes twine upon each other: the outstretched hand betimes has a possessive grasp. And the comfort of having agreeable companions in benevolence can blind such friendly companions to the inadequacy of their work.

But in the main, clinical medicine in America owes no debt greater than to the voluntary hospital, that whether dominated by piety or by efficiency, has always held out to physicians and nurses the most loyal and devoted aid to their best efforts. That is the greatest value of the voluntary hospital. That is the significance or relationship to medicine most worth continuing and preserving in the future.

*Changing Values Affect Future Plans*

Now there is one question which remains uppermost in all our minds. Stated in language whose simplicity does scant justice to the less obvious complexities of the situation the problem is sometimes posed thus: "If the increasing rate of taxation takes so much away from the well-to-do that they can't afford to continue their benevolent gifts what will happen to the voluntary hospitals?"

*continued on page 425*

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*continued from page 421*

It seems to me that the answer is: if the voluntary hospitals will so change their form of organization and their type of function as to retain or acquire values and relationships not possessed by the present tax-supported institutions they will survive on government subsidy and yet autonomous enough to satisfy their trustees and administrators. Otherwise they will take varying lengths of time to expire, depending on a wide variety of circumstances. The values and relationships I should like to see retained or acquired by voluntary hospitals are those related to initiative, independence, leadership and qualitative experimentation with new methods of medical care. In more explicit terms, the voluntary hospitals should take research and teaching as their peculiarly appropriate functions since research and teaching will always demand and usually secure a larger measure of independence, leadership, initiative and quality as contrasted with quantity of performance. Now to assume the functions of research and teaching, especially in internships and residencies, involves stipulated and organic relationships with medical schools and universities, not as a merger but as a partnership. My personal faith is that society—even a heavily taxed society—will protect teaching and research from political and administrative interference more zealously and more constantly than it will shield mere hospital work. We want our own sons and daughters in their student years to have freedom and the best examples to follow—every generation wants that chance for its youngsters. And the importance of freedom for research will never lack champions.

One further step the voluntary hospitals must take to assure their futures. Medical care is changing from the status of a private luxury or a blessed benevolence to the status of a civic right. As an important consequence hospitals are going to be organized on a regional basis and with a weight of public opinion that will override the intransigent independence of institutions that refuse to collaborate. Therefore explicit and attentive care should be given by the boards of voluntary hospitals to their role in an effective general scheme of medical care. I do not recommend that they fall over themselves to accede to the first plan that comes along, but I do believe that if with no recognizable and singular qualifications except those of pride and historical traditions they refuse to get into gear with a rational and well considered scheme of regional medical care they will invite their own decline and disappearance. Hospital insurance might delay the final failure—I cannot believe it would prevent eventual breakdown.

In conclusion this then is my thesis: that to en-

sure a thoroughly satisfactory future for the voluntary hospital we should study its past and present relationships to the rest of society and life, and we should endeavor so to change its form and function as to maintain and acquire for it a value and significance which is peculiar and appropriate. This value will come from developing teaching and research far more intensively than at present, and from adjusting the hospital to regional needs, relying upon the quality of its contribution in teaching and research rather than upon the quantity of mere medical care.

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## PSYCHIATRIC NURSING

*continued from page 402*

of all nursing education, a goal which has not yet been fully attained. This recommendation, and the recognition of the fact that the money expended for the school of nursing at Butler could be used to greater advantage to meet the increasing requests for affiliating courses from other schools of nursing, influenced the decision of the Board of Trustees, in 1939, to terminate the three year course. A total of 532 nurses, 168 men and 364 women, graduated from this school during its 40 years of existence. Many of them are leaders in the psychiatric and other fields of nursing and the hospital may well be proud of its contribution.

Numerically an even greater contribution has been made by Butler Hospital through its well established affiliating course which meets the needs of student nurses from many different schools. In 1917 Butler Hospital received its first affiliating student from the Memorial Hospital in Pawtucket. Since that time over 2000 undergraduate students have benefited from the very excellent program offered. In addition, through arrangement with the Rockefeller Foundation, the hospitality and educational facilities of Butler Hospital have been offered to over 70 graduate nurses from the United States and Canada and from many foreign countries

who have come here for instruction or observation in psychiatric nursing. All of these students, undergraduates, affiliates and graduates, have gained an insight into the emotional problems of all patients as well as an understanding of psychiatric patients, which is invaluable to them in any field of work.

These examples, from the remote and recent past, have been given in an endeavor to show that the principles of psychiatric nursing are essential for the nursing care of all patients. Nurses who are imbued with these principles utilize them in their work and incorporate them in their teaching whether or not the subject is primarily psychiatric nursing.

The big contribution of psychiatric nursing in the past has been the individualization of the patient—appreciation of him not as a case, nor as a vehicle for some interesting disease process but as a person with his own individual psychological and physical make-up, a person who will react in his own individual way to his illness, whatever label his illness bears. Through this teaching the nurse has come to understand why one patient's emotional reactions may be quite different from those of the patient in the next bed who may have the same pathology. The influence of the emotional factor

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## PSYCHIATRIC NURSING

*continued from page 427*

in the progress of an organic illness is only beginning to be understood, but the recognition of its importance is due to the teaching of psychiatrists.

But it has been said that the American social order is coming out of individualism into group life. The present trend in nursing education is toward an understanding of the patient as a member of a family, of a community, of society. He is a product of the interactions of social forces and his own inherited constitution. The psychiatric nurse is taught to appreciate the importance of the patient's immediate environment, his clothes, the people about him, the color of the walls of his room, or the general atmosphere of the ward in which he lives. It is but a step to extend the term environment to wider horizons.

*Psychiatric Nursing of the Future*

The programs of psychiatric nursing in the future will give the student not only the skills necessary for dealing with individual psychiatric patients, not only an appreciation of psychosomatic interactions but true understanding of the community. She must know to what extent the patient's family and social milieu have influenced his behavior, the psychological and economic problems of mental illness in the community and she must be a part of the community herself in order that she may interpret mental illness and teach the importance of sympathetic acceptance and intelligent care of mentally ill persons. With this broader concept of environment psychiatric nursing fits in with and contributes to nursing education as a whole.

Quite recently there has been established in Oxford University a chair of Social Medicine. This is not to be confused with socialized medicine, nor is it another name for preventive medicine. Its purpose is to overcome the tendency of medicine, during the past quarter century, to become not merely more specialized but also more technical. Dr. Ryle, Professor of Social Medicine says that in the proc-

ess "the old etiological interest and humanism of our fathers have tended to take a second place". More and more technical instruments are used in the science of diagnosis and "less and less intimate understanding of the patient as a whole man or woman with a home and anxieties and economic problems and a past and a future and a job to be held or lost.—The sciences and techniques have come to dominate medicine to the exclusion of the most important science of all—the science of man—and the most important technique of all—the technique of understanding. Science without humanism may work with atoms but it will not work with men."

It is inevitable to a certain degree that as the science of medicine develops and changes so must nursing alter its techniques. At a certain period in the history of nursing, because of the scientific discoveries of Koch, Pasteur, Lister and others and the resulting change in medical techniques, more emphasis was placed in nursing on specific skills and the original concept of Florence Nightingale of nursing as the art of *caring* for the patient was lost sight of.

Today the philosophy of nursing education proves that the art of nursing has been recaptured. The goal of nurse educators that every student nurse be given the "psychiatric point of view" not only in a few weeks or months of an affiliation at a psychiatric hospital, but throughout her nursing education will help to obviate the problem, found in nursing as well as in medicine and so ably expressed by Dr. Ryle. When this goal is reached the nurse's art of understanding will be immeasurably increased.

Harvey Cushing once differentiated between the thinkers and the doers, giving as an example of the thinker the psychiatrist who chooses to solve his problems in the study, and of the doer the surgeon or laboratory worker who prefers to work them out with his hands. It is hardly fair to lift this statement out of its context because Dr. Cushing would be the first to acknowledge that surgeons

*continued on page 435***Curran & Burton, Inc.**

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## RHODE ISLAND'S OLDEST HOSPITAL

*continued from page 401*

Today there are accommodations for one hundred seventy-five patients together with the clinical and laboratory facilities of a modern hospital.

The buildings now occupy approximately four hundred thousand square feet of floor space and with equipment have a value of \$1,970,000. The book value of its invested funds at present amounts to \$1,287,285. Facilities for medical care and treatment of patients are maintained at optimum level by a staff of resident physicians who carry on the Hospital's pioneering leadership at the beginning of its second century of psychiatric endeavor. Of its six Superintendents, four have had administrations of twenty years or longer. Leaders in their chosen field, three of them have served as Presidents of the American Psychiatric Association—Dr. Isaac Ray, Dr. G. Alder Blumer, and the present Superintendent, Dr. Arthur H. Ruggles.

The Hospital has maintained a School of Nursing for half a century, and at the present time admits yearly over two hundred and fifty affiliating student nurses from fourteen general hospitals for a course in psychiatric nursing.

Butler Hospital is an incorporated institution administered by a Board of Trustees who have maintained an unbroken record of weekly visits throughout the wards for an entire century. This record is, perhaps, without parallel in the annals of American medical institutions. Many of the Trustees carry on a family tradition of service to the Hospital, and it is interesting to note that one of the members of the Board and Chairman of the Centennial Committee, John Nicholas Brown, is a great-grandson of the original benefactor.



## BOOK REVIEW

## GASTRO-ENTEROLOGY—Bockus.

This report concerns itself with Volume II of the three volume set entitled *Gastro-Enterology* and covers the small intestine and large intestine and peritoneum. The subtitle "Diagnosis and Treatment of Disorders of the Small Intestine, Colon, Peritoneum, Mesentery and Omentum" is a fairly good indication of the scope of this book.

While reading and studying this volume the living image of the author kept intruding itself upon my consciousness; for to have seen and heard him is to be impressed. His is an exceptionally clear, orderly, and analytic mind. Tall, vigorous, handsomely gray haired but with a youthful complexion and demeanor, Dr. Bockus energizes a group the moment he walks in and allows his educated stentorian voice to pound on your gray matter. The book is, in a sense, very much like Dr. Bockus. Here a vast, complicated field is covered in an orderly and concise fashion. Thought follows thought and chapter follows chapter in strikingly sensible progression. And the physical "get-up" of the book is excellent. The illustrations are just that, the color plates are "true", and the reproductions of radiographs are beyond criticism. (Here a special nod to Dr. Finkelstein.) Even the print itself is better than I have seen.

As for the text itself, it would be difficult in a short review of a rather technical subject, to pick out special chapters for praise or criticism. My own personal orchid goes to the chapter on *Chronic Stenosing Regional Enteritis & Enterocolitis*. I should think that all surgeons would want to read it. I found particularly illuminating the inclusion of applied anatomy and physiology of the small and large intestine, and the omission of overmuch detail about vitamins and avitaminosis. In this connection one must state that Dr. Bockus in his wisdom must have used the pruning shears extensively by not allowing anything of a rambling, superfluous, repetitious, or debatable nature to find its way into the pages of his book. This great teacher, having surrounded himself with star assistants, each a specialist within a specialty and forming a cracker-jack team, has given them their head but has kept them to the subject at hand. This book is, therefore a monument to his teaching genius.

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## PSYCHIATRIC NURSING

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must think and certainly psychiatrists and psychiatric nurses must "do". Anyone who has dealt with a disturbed overactive patient knows that the immediate problem, at least, cannot be solved by retreat to the study.

"Education is of the hand as well as of the head and heart." Mark Van Doren makes this statement in support of his thesis that a liberal education must be one to prepare the student for life, a thesis which warms the hearts of nurse educators. In nursing education discussions continually arise on the relative value of the technical skills—education of the hand—and the theoretical material—education of the head. In the words of another leader in education, "Any subject may be taught vocationally if it offers specialized training for professional work. On the other hand, the teaching is 'liberal' if the course material, though professionally useful, is treated so as to bring out its relation to the larger field of intellectual interest. Liberal teaching should stimulate curiosity and should lead to a critical examination of basic purposes."

The teaching of psychiatric nursing has always emphasized that nursing—all nursing—is the art of utilizing the head and heart and hand to comprehend and deal with the total picture of the patient and his needs. With this teaching psychiatric nursing makes its greatest contribution to nursing education.

## SUPPLEMENTAL GASOLINE

There have been many inquiries by physicians during the past month relative to requests from patients for gasoline to permit vacation trips by automobile. The OPA ruling is that such requests are to be denied, and therefore all members of the Society are urged to inform their patients of this action when the request is made. Attention is also directed to the ruling that supplemental gasoline will be allowed to any patient requiring it to make necessary visits to a doctor's office for treatment or consultation.

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